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FOREIGN BODIES IN THE EXTERNAL AUDITORY CANAL.*

By L. G. WOODSON, M. D.,

Professor of Diseases of the Eye, Ear and Throat in the Birmingham Medical College.

Foreign bodies in the external auditory canal seems a very unimportant matter for the subject of an essay, but the number of ears that have been made deaf and the intense suffering that has been occasioned from ignorance of a proper understanding of the most approved methods of dealing with these cases induced me to select this subject for discussion to-night. Children frequently introduce into their own or companions' ears all sorts of foreign substances, such as beads, buttons, pebbles, beans, peas, grains of corn, and, in fact, almost anything that happens to come within their reach. Or while sleeping, insects of various kinds may find their way into the ear; such as roaches, beg-bugs, etc. Inanimate foreign bodies, with but few exceptions, may remain in the auditory canal for many years without causing the slightest discomfort. Numberless cases are on record where such substances have remained in the ear from one to eighty-five years, without giving rise to the least inconvenience, and were only discovered when examining the ear for other causes. Dr. Burnett reports a case in which he removed a bead from the ear of a woman sixty years old, placed there in her childhood and forgotten, and was discovered when removing a mass of ceruminous impaction. Dr. Mayer reports five cases in which the foreign bodies remained in the ear: one for four years, two for twenty years, one for forty-five and one for over sixty years.

I have met with quite a number of cases in my own practice in

*Read before the Jefferson County Medical Society.

which the foreign bodies have remained in situ from one to eighty-five years, and, in order to give a practical demonstration of the lesson this paper is intended to convey, I will report two very interesting cases.

Case I.—Mr. J. Brazier, of this city, consulted me April 10, 1898, for slight deafness of his right ear. On examination, I found the auditory meatus partly filled with impacted cerumen; on removing the accumulated mass with a syringe and warm water, I discovered a bean in almost a perfect state of preservation, which I now have in my possession and will be glad for you to examine. From the patient I gained the following history: When a child, about four or five years old, living with his parents near Boston, Mass., he slipped this bean into his ear. It was originally of a very bright red color with a black eye. They were brought to Boston by vessels trading between the New England and African coasts, and were highly prized by children as ornaments. (This description of the bean was given me by the patient, immediately after its removal from his ear, and, in order to convince me how accurately he remembered it, he had a fresh one sent me from Massachusetts, where they are now cultivated.) His mother became very much alarmed and carried him to Boston to have it removed. After reaching a physician's office he became very much frightened, and made a most vigorous fight to prevent its extraction. As the bean did not give any trouble, the doctor wisely concluded that the injury that would necessarily result to the canal from the force which would be required, under the circumstances, to remove it, would produce far more damage to the ear than the presence of the foreign body, if allowed to remain. This experience with the doctor must have produced a very vivid impression upon the child's mind, for, as soon as he looked at the bean, this little scene, enacted more than eighty years ago, came back to him as clearly as if it had happened only yesterday.

Case II.—Mr. Simon Myerson, of New Orleans, a traveling salesman, aged twenty-six years; in company with his half-brother, Mr. Richard H. Fries, an attorney of this city, consulted me in March, 1899, for severe pain and profuse purulent discharge from his right ear. The discharge had continued, without intermission, since childhood; the pain had not been constant, but at times was very severe, causing him to lose a great deal of time from his work. After thoroughly removing all pus from the ear with a syringe and warm water, I filled the canal with per oxide of hydrogen. After effervescence had ceased and the canal was wiped out with absorbent cotton, inspection, with the aid of the head mirror and speculum, revealed a foreign substance protruding through a large opening in the anterior

inferior quadrant of the drum head. After using a four per cent. solution of cocaine in the ear, the foreign body was easily removed with a sharp hook. On examination it was found to be a coffee bean, which had remained in the tympanic cavity for more than twenty years. From this patient I obtained the following history: When a child of about five or six years old, he was taken to a circus, where he became very much interested in watching a clown throw up grains of corn and catch them in his ear. When he returned home he decided to have a little circus of his own, and used coffee beans instead of corn, and succeeded in landing one safely in his ear. His mother and sister tried to remove it with a hairpin, and only succeeded in pushing it farther into the canal. He was then taken to a doctor in Pensacola, Fla., where he was living at the time. He was given an anæsthetic, and, with unsuitable instruments, and without even a head mirror or speculum, the doctor proceeded to work. After prolonged and fruitless efforts instead of removing the foreign body, he succeeded in pushing the bean through the drum head into the tympanic cavity, and, as a physician once told me, "if he had had suitable instruments he might have forced it through the Eustachian-tube into the throat."

Disturbances of hearing, pain, pressure and general discomfort will depend on the nature, size and shape of the foreign body. But, as a rule, the substances usually found in the ears of children do not cause any unpleasant symptoms, unless rough and unskillful attempts at removal have been made. After such ignorant and unwarranted treatment the canal is usually found lacerated, the drum-head more or less injured and severe pain and inflammation results.

Treatment, like symptoms, will depend on the nature, size and position of the foreign body. Animate bodies, such as roaches and bugs of various kinds, usually produce great laceration of the canal and drum head by their clawing movements, made in their frantic efforts to escape from their prison. They should be killed by filling the canal with oil, when they can be removed with a syringe and warm water. Inanimate substances, when impacted, call for immediate removal, as they cause pressure and deafness, and may at any time set up an intense inflammation from mechanical irritation. They are easiest removed by passing a delicate sharp hook between them and the roof of the canal. The hook should be introduced into the canal on the flat, and its point rotated downwards, so as to engage the foreign body, and by gentle traction extract it. Grains of corn, beans, peas, etc., if only slightly impacted, may, by absorbing moisture, swell up and produce pain and deafness. In such cases the ear should be filled with alcohol, which, by abstracting the water, will cause them to

shrink to such an extent as to admit of removal with the syringe. But before attempting any kind of treatment, it is a surgeon's duty to make a most thorough examination of the ear with a speculum and head mirror, in order to determine for himself whether or not the ear contains a foreign body, and, if so, its nature and position.

It is not an uncommon occurrence for physicians to accept, without question, the statement of a child, or its parents, that the ear contains a foreign body, and proceed blindly to remove it, without the use of a mirror or suitable instruments. Numerous cases are on record in which the drum head has been destroyed and the ossicles torn out with forceps, searching for a foreign body, which only existed in the imagination of the child or parent.

General practitioners who are unskilled in manipulations of the ear and unaccustomed to operating by reflected light, should rely exclusively on the ear syringe for removing any and all substances from the ear, because in a large majority of cases it is the most efficient, simple and harmless instrument that can be used. Other instruments, such as forceps, blunt and sharp hooks, probes, curettes, etc., should only be used by skillful aural surgeons.

The auditory canal is sometimes inflamed and swollen to such an extent as to partially or completely conceal the foreign body. This condition results from irritation, produced by impaction or laceration of the canal in attempting extraction with instruments. In such cases no operation should be undertaken until the swelling and inflammation have been completely reduced.

From a long experience in special work, I submit the following conclusions for the benefit of general practitioners, inexperienced in the management and treatment of aural diseases:

First.—Foreign bodies in the auditory canal, with but few exceptions, may remain for years without causing any unpleasant symptoms. Case No. 1 fully demonstrates this conclusion.

Second.—Unskillful attempts with instruments at extracting harmless substances from the ear generally produce serious consequences, rendering subsequent efforts at removal extremely difficult for the most experienced aural surgeon. Case No. 2 fully supports this proposition.

Third.—The syringe and warm water should be the only instruments ever employed by those who do not thoroughly understand the use of the head mirror and speculum, and have had no practical experience in the treatment of the ear.

Fourth.—The caliber of the auditory canal is narrowest about the middle, consequently a foreign body, while movable and harmless if allowed to remain in the external dilated end of the canal, would be-

come impacted by pushing it farther in, rendering extraction much more difficult, in addition to the pressure, pain and deafness which would naturally result. This condition almost invariably follows the use of instruments in unskillful hands.

213½ Nineteenth St.

MALARIA.*

By E. O. WILLIAMSON, M. D.,

GURLEY, ALA.

The history of malaria can be divided, for convenience of study, into about three distinct periods.

1. The ancient.
2. The period of the discovery of chincona bark.
3. The period since the discovery of the parasite, by Lavan.

I shall not take up your time in trying to discuss the two first theories, but shall talk to you about the third period, dealing from the discovery of the parasite.

There are about three ways that special advocates claim that malaria enters the human organism. First, we have the water theory, which has had such a great number of advocates. Second, the air theory, with about the same number of advocates. Third, the mosquito, a more recent theory.

The water theory of infection in malarial fever was an acknowledged theory, accepted as a proven fact; but, like a good many other theories, has entirely fallen flat by modern investigation and researches. To prove the water theory, you would have to take your patient entirely free from malaria and its influence; let him drink water from marshes and swamps where malarial fever abounds, and then when malarial fever develops, by examination of the blood, demonstrate malarial parasite; then the theory would be proven. But after repeated trials through several years it has never been developed in a single individual in this way. Then why not reject a theory that will not prove itself? Such a theory should not have the sanction or support of enlightened scientific investigators.

Now, as to the air theory: You would have to take your man from the same surroundings. Let him, in only breathing the air, be exposed to malarial infection. Then should the disease appear, as demonstrated by the blood, prove to be genuine malaria; then this

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theory would be proven. But this has never been done. When it was claimed to have been successfully demonstrated, there was great room for doubts that the germ got its admittance by the air into the human organism in some other way.

Now as to the mosquito theory. There are only certain forms of the mosquito that infect the human organism with malaria, and this form is known as anophole. There are several species of this mosquito, divided into species known by the spots on their wings, some with spots, some without spots. Some of these spots on the mosquito are visible to the naked eye. It has always been noticed, and is now an acknowledged fact, wherever these mosquitos, or this peculiar form of mosquito abound, we have chills in abundance; and by this theory, or fact, I will state, is abundantly proven, because medical literature abounds with experiments made when there was no other possible mode of infection, except by the mosquito. I take it for granted you have all noticed these experiments from your latest medical journals, and

I will not take up the time today to bring before you the details of these experiments, for you can refer to your latest works on malaria and find them in abundance. So I presume there is no need to argue the question or mode of infection, for any one who is not blind to prejudice can see the fact has been absolutely proven. We know in certain degrees of temperature the mosquito is either killed or he goes to some place of hiding where he can be protected from the cold, and a great many times they collect in houses, and that explains to my mind, very satisfactorily, the occurrence of malaria in all the members of the family late in the autumn, when the mosquitoes are in hiding in the houses, where they can protect themselves from the cold, and when the temperature is raised to the point, when they become voracious they infect the human organism with malarial parasite. This also explains very satisfactorily why malarial infection most always takes place at night, and completely knocks out of existence the air, and water theory of malaria. We know that the mosquitos do most of their movements at night. They usually are like a thief; steal on a fellow when he is asleep, and infect him with deadly poison, while he slumbers. Man has always—for some reason not very well explained—had a horror of the mosquito. And we have known for a long time, that those who sleep protected from mosquitos by thin cheese cloth, have always been remarkably free from malaria. We find the form of estivo autumnal variety of malarial parasite are crescent shape parasites, and we find also two distinct kinds, male and female. The female have flagella, and it has been absolutely demonstrated that the

female parasites are the only ones that produce malaria, for they only bite.

This is a sad state of affairs that we have to accuse in one species of animals at least, that the females are the worst in their capacity for doing more low down mean, dirty tricks, than the males. Now we find this species of mosquito, sting man, get from him the blood that contains these crescent shape parasites, and complete and extra corporal development, within the midintestine of the female mosquito, and thereby carry the poison to their salivary glands, and reinfect man with all the necessary germs and poison to produce genuine malarial fever. Then we promulgate the dictum, that the malarial parasite does not exist in the free state in the water or air, of the marshes, but is developed in the intestine of the mosquito, hence the conclusion readily reached that man at no time of his existence in the past was ever infected with malaria by drinking water and breathing air from marshes. But only through the sting of the mosquito. It is quite likely that every form of these parasites can only produce its own peculiar form, be that quartan or tertian or any form that produces its own distinct clinical symptom. Then we explain the different clinical forms of malaria produced alone by its own distinct form of parasite. But we may have more than one form of malarial parasite developed in the same individual system at one and the same time. Then the old theory that intermittent may pass rapidly into remittent fever is not at all true, but that germs of intermittent and remittent malarial fever will develop in the same system at the same time. The period of incubation or the latent period at which time the malarial parasites are developing in our system without making its presence known, is long or short according to the kind of infection, and the amount received; also according to the individual peculiarity, incubation period may range from two to three days to several months, and even malarial parasites may remain in the human organism for several months until some deterioration of the general health; be that sudden chilling of the surface, or indisposition of any kind gives these dormant parasites a favorable opportunity for development. In its geographical distribution, malaria is the most widely diffused of all infectious diseases, being more prolific near the equator and getting less and less, as you recede from the equatorial line. Of the climate conditions, of course, one of the most important is heat, this is very truly demonstrated in that we have very few cases of malarial fever in winter, those we do have are very likely relapses left over from infection in the summer, but we find when the heat of spring and summer comes malarial diseases are increasing in direct proportion to the increase of heat and the disease growing more severe as the summer months are past

and until we have it developed in its more grave forms in the late summer and autumn months. Now to explain this by the mosquito theory is easy. That heat is only a condition that renders the mosquito capable of germinating and increasing, is the real factor. That heat takes in malarial fever and that it has nothing to do whatever in its spontaneous developing, as the old theory taught us. Telluric conditions for a long time along with the heat conditions also was thought to be one of the prime factors in its production. I do not claim that this condition is not necessary, for we know where the swamps and marshes and pools are plentiful, and where the drainage is such to have stagnant lakes and pools we have malaria. We also know that these same places produce an ideal habitation for the laying and germination of the mosquito egg. Thus the mosquito theory will not down and it is always ready to stand the test of reasoning and experiment. We can explain in a practical scientific sensible way every clinical symptom of malaria by the mosquito theory, not an exception. We find that following great floods where these lakes and stagnant pools are flushed we do not have malaria. Now let us see if we can't explain by our mosquito theory. We find that the place where our mosquitos have lain their eggs entirely washed away and when you destroy the nest of the hen along with the eggs, you have no young chickens. Then why not put the same cold sensible reasoning to our mosquito nest, and come to the conclusion that when the mosquito nest along with the eggs are destroyed we have no young mosquito, hence no chills.

One theory just as sensible and just as reasonable as the other, and by this theory alone can we account for the development of malaria in all those places where every condition is favorable for malarial development this form of mosquito is absent. By this theory, correct or not, and to my mind it is absolutely correct, it offers one of the most inviting and scientific fields for investigation in the whole annals of medicinal science, and I only wish I had more time as well as the necessary information and clinical experiments to go more into detail here today, but I will have to hasten on.

Now to the general pathology, I shall not take up much of your time with it in this paper. Changes in the blood cells are of two kinds, and are also very easily accounted for. The first change we will notice is the change in the red blood cells, caused by absorption of the acute malarial poisoning in which haemoglobin, the oxygen carrying power of the blood, is destroyed, broken up and disintegrated. The second is the change that naturally takes place from the destruction of the life purifying agent, lesions in the red blood cells also vary according to the different kind of parasitic malarial infection.

Hence we have the worst tissue, destructive metamorphosis is in the genuine estivo autumnal form of malarial fever. First we have the corpuscle swelling, then shrinking; changing in the color, caused from the destruction of its constituent the most constant pathological lesion is malanaemia, which consist of reddish brown or yellowish brown or dark pigment of granules which collect in rows and malarial fever is about the only disease in which this condition appears, and it does appear to greater or less degree in all cases of malaria. This peculiar chemical substance has about the same chemical composition as haematin which is a chemical substance formed during the process of digestion. Then it is quite likely, though absolute proof is still wanting, that it is the product of intercellular digestion that takes place in malaria. We have also besides this black pigment, another constant pathological lesion, the yellow pigmentation of most all the internal organs, especially of the liver and spleen, in which it is deposited within the connective tissue cells that separate the liver cells, and probably has its origin in a not complete oxidation of the haemoglobin of the blood, for upon testing it it gives the iron reaction, hence can easily distinguish it from melanin. Phagocytosis, which is another important change, more though of a physiological condition than a pathological one, for these phagocytes are the great resisting power, and the scavengers of our body. They are always ready to offer a battle and a mighty warfare against the invading organism, hence we find when malarial parasite enters our body, nature in her most wonderful makeup puts forth her every energy, and summons the old guard that has been our only protection against disease, that of phagocytosis. We find nature calling and enlisting to her support every leucocyte that can be spared, and hence a great increase, but by and by when this defence of nature is overcome, we find the phagocyte making a hasty retreat to keep from being annihilated, and the disease, with all its ravages, is upon us, but sooner or later the resisting phagocytes will get their mighty army organized and if the enemy is not too strong renew the attack and come out victorious, and this explains spontaneous recovery that sometimes happens in malarial fever. And when the leucocytes rapidly decrease we have a condition called malarial cachexia producing profound anaemia, the development of the parasites producing the febrile attack gives us quite different clinical symptoms in the different forms of malarial fever. We have the young developed parasites turned loose in our circulating medium, which quickly produces a paralyzing effect upon our motor nerves, and we have a chill—just a case of shock—same in character as a railroad injury. Hence blood leaves the surface, goes to internal organs, unequal distribution, contraction of the capillaries of the per-

riffery goose skin chill, etc. Also the multiplication takes place all at once. So it is easy to explain that after the peculiar toxin of this parasite is taken up, we sometimes have a complete intermission of the fever till a new crop is produced. Now lets see about the estivo autumnal variety. We have the germs multiplying in the internal organs, the spleen, the marrow of the bones; hence we do not have the same conditions to produce the chill as in the other variety. So we seldom have the chill, and besides we have the parasite in all stages of division, some developing, some just beginning, and we can very readily account for the different clinical picture, the absence of the chill frequent cold stages, etc., instead.

I will not take up the symptoms and the classification of the different forms of malaria, but I will speak to a limited extent upon the treatment. That quinine acts as near as a specific in the disease as it possibly could do is true, especially is this so upon the milder or spring forms of malaria, and it should be given in one or two large doses just as the young parasites are being turned loose into our circulatory system, and when the attack is corrected, it should be administered by the same intelligent method given at the time when the division would have taken place as if no quinine had been given and by this intelligent means of administration you will in almost all cases be successful. Now quinine does not act so beneficial in estivo autumnal malarial fevers. We do not have any certain time for the division of these parasite and as quinine does not have or prevent the division of parasites if administered after they begin, you have quite a complicated condition to treat, and we should persist in its use if we would be successful, and to do this we would be very much benefited by examination of the blood; and as successful and progressive physicians, we had just as well recognize the truth, that a knowledge and use of the microscope is absolutely essential, if we ever reach an intelligent way of treating these cases, and if we expect to keep up and take part in the upward and onward march of progress in scientific medicine, we had just as well invest in a good microscope and go to work, and some day we may reach the ideal in medicine, get near if not entirely to the point of exact science in medicine.

I have used Aletris Cordial for menorrhagia and dysmenorrhea, and find it an invaluable remedy as a uterine tonic. The aletris farinosa has for a number of years been a great favorite with me in derangement of the female reproductive organs, therefore I recommend it as a tonic in uterine troubles, as it will give satisfaction to those afflicted with such diseases.—C. A. Goshen, M. D., Petaluma, Cal.

Selected Articles.

URICACIDAEMIA.

By EDMOND JOHN MELVILLE, M. D., C. M.,

BAKERSVILLE, VT.

While cases of genuine gout are rare among Americans, on account of their active habits, we see very frequently patients suffering from so-called rheumatism and neuralgia, who, in reality, have irregular gout. This disease is called by a variety of names—as lithuria, lithaemia and the lithic acid diathesis.

Eminent authorities, as Murchison and Bouchard, hold diametrically opposite views regarding the pathological conditions necessary to produce this common affection. However, it is at least safe to say that imperfect oxidation is the chief causative factor in the process. This is followed by retention in the system of the products of retrograde metamorphosis, and in some cases that I have seen, a deposit of urates in the joints, which simulate articular rheumatism. Still, the pathology of “the uric acid habit,” is not so interesting to the rank and file of the medical profession as is the treatment of this disorder. Therefore, in reporting the following clinical cases I will endeavor to explain my plan of treatment, which always relieves and in the majority of cases brings about a complete cessation of all the symptoms.

Case 1. Mrs. J. S., age 72; housewife; hard-working woman, who had always been well. In September, 1900, she began to lose power of moving left arm and hand. She was treated for four months for creeping paralysis. I was consulted in February, 1901. Examination revealed the arm in normal conditions as regards sensation; no tenderness, no soreness nor swelling. The temperature was normal; pulse, 80; respiration, normal. Used massage, electricity, antirheumatics, etc., for three weeks, without any beneficial effects. Passive motion of the arm now began to be very painful. Examination of the urine at beginning of the fourth week showed uric acid greatly in excess. Thialion was given in teaspoonful doses dissolved in a pint of hot water every four hours and sipped slowly. This was followed in twenty hours by free purgation, an increase in the volume of urine secreted, and a diminution of the uric acid. Then prescribed thialion in teaspoonful doses, in a glass of water, night and morning and 1-20 grain of strychnine sulphate before meals. At the end of ten days all medication was discontinued, as Mrs. S. declared herself well. Prescribed massage of the stiffened muscles with hot vaseline, which completed the cure.

Case 2. M. D., married; age 57; family history, good; hotel-keeper for years, had lived not wisely but too well. For the past ten years had been an agriculturist. May 2, 1900, developed pleuro-pneumonia which ran a regular course, fever reaching normal on the ninth day. Every third day thereafter, fever rose to 102 1-2, patient complaining bitterly of stabbing pains over the left side. Used blistering and morphia, etc., for a week, with but temporary relief. Friction sound over pleura very evident. Had treated him in the past for excess of uric acid, and now examined his urine, to find it greatly in excess. Gave thialion as in Case 1, until free catharsis ensued. After forty-eight hours urine was again examined, when the uric acid was found to be slightly above normal. The pain in pleura was diminishing and friction sound absent. Temperature, pulse and respiration now became normal and remained so. His complete recovery was prompt and uninteresting. During the past year I have examined his urine several times and have found no excess of uric acid. However, he takes thialion about once a week as a gentle laxative, and to prevent the uric acid habit.

Case 3. Mrs. C. B., age 48. In January, 1901, she had lagrippe with a recurrent attack in February, 1901. In April she began to develop soreness of joints; hips, knees, ankles and toes being attacked simultaneously. Joints were much swollen, were tender, and creaked under manipulation. Temperature, normal; pulse, 85; respirations, 19; anorexia, complete; tongue, coated white; bowels constipated; urine, loaded with uric acid and very scant. Diagnosed lithaemia. Used cabinet-bath once a day. Opiates to control pain were given. Gave thialion in drachm doses, ordering that the patient sip a glass of hot water slowly shortly afterwards. This was repeated every five hours. The case proved to be an obstinate one, and only after eight doses had been given did the bowels act freely. As patient was rather anaemic, gave iron, arsenic and strychnine. This line of treatment was followed out more or less thoroughly, avoiding too profuse purgation, for three weeks, and although Mrs. B. had an acute exacerbation of the disease during that time, her gain was marked. At present, June 1, 1901, she experiences some stiffness in the joints, and occasionally a pain through the left heel. Nevertheless, she is doing her own housework with very little assistance. The thialion is still continued night and morning.

In reporting the above cases I have purposely refrained from making any mention of the good results obtained from any hard and fast rules regarding diet and exercise, as I believe these have little or no curative powers.

HYPEREMESIS GRAVIDARUM.

This is a disorder that occurs during pregnancy, and in most cases is confined to the earlier stages. It may be said that nausea and vomiting are, to a certain extent, normally associated with the pregnant condition of the female, but in some instances it assumes such proportions that it not only becomes pathological, but extremely dangerous. It may vary in severity from a slight "morning sickness" to an extreme state of nausea and vomiting, so that nothing will remain in the stomach, and even the thought of food will cause retching. The diagnosis of this condition presents no difficulties; the conditions of the nausea and vomiting being present and associated with pregnancy are sufficient. In some of the more severe cases, if allowed to progress, the emaciation and exhaustion soon become a matter of no small moment and, unless the trouble is brought to a termination, death may occur as a result.

Hundreds and hundreds of things and remedies have been recommended and used for its alleviation, but the experience has been that in most of the severe cases the gravid uterus has to be emptied of its contents to secure relief. In a great many other cases less severe the desired relief comes from less radical measures.

In the treatment of pernicious vomiting of pregnancy it is unusually the custom to put off the radical means, that of producing abortion, as long as possible, and in following one is sometimes confronted with a very grave condition of affairs. The suffering woman is too weak and too much exhausted to stand the operation, and death seems inevitable unless it is done. I had one such case as that, and I well remember what a predicament I was placed in. I had consulted, and we performed the operation of abortion, which seemed the only means of relieving the woman, but she was too much exhausted, and died from its effects. Since that experience I have made it a point to keep on the safe side as far as possible. Of course it is desirable to save the life of the child if possible, but it is not at all desirable to sacrifice the lives of both mother and child simply to give it a chance.

As I stated, numerous remedies have been recommended for the treatment of this condition, but I find that Ingluvin, manufactured by Wm. R. Warner & Co., of Philadelphia, Pa., gives me the best clinical results. I have frequently seen patients who would vomit immediately upon taking anything into the stomach almost relish this preparation, and vomiting, I was induced to try it in the vomiting of pregnancy, both Haying had such good results with it in the various forms of nausea and vomiting, I was induced to try it in the vomiting pregnancy, both

physiological and pathological, and have had excellent results up to date. In those patients in whom the vomiting amounts to nothing more than the "morning sickness," which may be considered physiological, I have found it to give a very great amount of relief, as well as in others, when it becomes to be pathological. It relieves the nausea and increases the appetite and assimilation to a marked degree, so that the patient's system is put in an excellent condition to undergo the ordeal of labor. By relieving the nausea and increasing the assimilation and digestion, it aids in regulating the functions of the liver and kidneys, and other emunctories of the organism, thereby overcoming all tendencies to the occurrence of postpartum complications and eclampsia.

I relate a few cases which I have treated to illustrate specifically the results I have had with the use of Ingluvin, as follows :

Mrs. Mary ———, aged 22, primipara. Began suffering, presumably about the third week of pregnancy, with nausea and vomiting of rather a severe type. I was called, and administered some of the customary remedies, but she continued to grow worse, until about the tenth week, when I was seriously considering within myself the propriety of inducing an abortion. However, having had good results with the use of Ingluvin in nausea and vomiting due to other causes, and associated with other conditions, I determined to test it in this case. I prescribed it in fifteen grain doses every four hours. The first case was retained, quite to my surprise, as hitherto she had vomited everything taken into the stomach, and the only way she could retain anything, even for a short time, was to take it immediately after a vomiting attack. From this time on she began to improve, being troubled only occasionally with nausea and vomiting, until she finally recovered. She gained about twelve pounds in weight, and went through the remainder of the pregnancy and the period of confinement without any difficulties.

Mrs. S. ———, aged 32. This was the third pregnancy. She had been troubled no little with nausea and vomiting during the preceding pregnancies, but at this time the condition was very greatly exaggerated beyond what it had been. She consulted me during the sixth week, stating that there were very few times she could retain either food or drink in her stomach. Her bowels were constipated, skin thick and sallow in appearance, and tongue heavily coated. She was much emaciated, and in low spirits, as she had had some difficulty with former births, all being instrumental deliveries, due to inertia of the uterus. I prescribed Ingluvin in three daily doses of fifteen grains each. In one week she reported that she was improving rapidly, having only had, during that time, two spells of nausea and vomiting. Her appetite was good, and she could retain almost anything that she desired for

food. Her bowels were in an active condition, and skin much better in appearance. Her spirits were decidedly more buoyant. I directed her to continue the medicine in the prescribed dose until near the time of confinement. She did so, and I attended her. The labor was perfectly normal in all respects, and was a short one when compared with her previous labors, lasting about six hours. Convalescence was rapid, and recovery complete, and she stated that she never felt so well that early after a confinement. I attribute all the improvement in this individual case to the use of Ingluvin, being fully convinced of its value as a therapeutic agent.

Mrs. Sarah G——, aged 24, second pregnancy. I was called in consultation in this case for the purpose of considering the propriety of inducing an abortion on account of pernicious vomiting. I found the patient in a very weak and exhausted condition, due to almost incessant retching and vomiting. She has been unable to retain anything in the stomach, in the way of food, for the last three weeks, and rectal alimentation had been resorted to, but now the rectum had rebelled, and there seemed nothing left that held out any hope of relief at all except an induced abortion. This was the only thing left to do in the mind of her medical attendant, but I am sure that death would have resulted. I advised the administration of Ingluvin in doses of fifteen grains every three hours, and very small quantities of such nourishment as she most desired. The first dose was promptly vomited, as everything else had been for the past few weeks, but it was immediately repeated, and was retained. From this time on there was no trouble about retaining the medicine, though her stomach was very weak for the first few days, and only very small amounts of nourishment could be taken and retained. Once or twice during that time she had severe vomiting spells, but they eventually passed off, and she did well the balance of the term, and was delivered of a healthy baby. There was no post-partum trouble.

I frequently administer Ingluvin to my patients who are in a pregnant condition, and are suffering with nausea and vomiting of a mild degree, and find that it gives a very great amount of relief and comfort. They gain weight during its administration, and their systems are put in a healthy condition, and they are much better prepared and able to stand the strain of labor than those who have not taken the preparation. I have never had a patient have eclampsia after taking Ingluvin, which, of itself, is no small recommendation for it. Ingluvin has, on every occasion, served my purpose well; indeed, far better than anything else I have ever tried, and I heartily recommend it to the profession.—J. W. P. Smithwick, M. D., Lagrange, N. C., in *Southern Medical Journal*1.

SCIENTIFIC AND PRACTICAL FACTS ABOUT DIARRHOEA.

Prof. White, of the University of Dublin, proved by careful detailed studies as to the action of Angier's Petroleum Emulsion upon the various micro-organisms that inasmuch as petroleum offers no food for bacteria, they cannot thrive in this medium; consequently petroleum is both aseptic and antiseptic. By an elaborate series of laboratory experiments, Dr. White found that the petroleum emulsion inhibited alcoholic, lactic, and butyric fermentation, as well as the growth of putrefactive bacteria which have their natural habitation in the intestinal canal.

Dr. W. D. Robinson, a well known authority on diseases of the stomach and intestines, states in the Medical News (July 14, 1900):

"I have extensively given petroleum and salol four times a day, and reclaimed the oil from the feces and found it to contain some salol and its components, phenol and salicylic acid. This proves the carrying of a chemical antiseptic and antiferment through the entire canal. It is a solvent of iodine, sulphur, betanaphthol, naphthline, menthol, thymol, camphor, and iodoform." By combination of any of the antiseptics mentioned with petroleum a germ-free condition of the intestinal canal is assured and which is not, according to the highest authority, obtainable by any other means.

Dr. Fothergill, director of the Clinical Laboratory, Manchester Hospital, England, employed the unusually large resources of his clinic to determine how infantile diarrhoea could be satisfactorily treated. This authority reported (Medical Chronicle) "Petroleum Emulsion was used in thirty-four cases. One child died. In the remaining cases recovery was rapid and complete. There was so derangement of the stomach, vomiting ceased almost before the diarrhoea was checked, and the stools soon recovered their normal color and consistency. The emulsion seemed also to favor recovery from the accompanying bronchial catarrh. These experiments seem to prove that infantile diarrhoea can be treated successfully without the use of opium or astringents.

It is for these reasons—inhibition of germ life, sedative healing action on ulcerated and inflamed intestinal mucous membrane, etc., that Angier's Petroleum Emulsion has been so successfully employed in constitutional and intestinal affections associated with diarrhoea.

"Robinson's Lime Juice and Pepsin" is an excellent remedy in the gastric derangements particularly prevalent at this season. It is superior as a digestive agent to many other similar goods. (See page 12, this issue). See remarks on their Arom. Fluid Pepsin also,



Editorial.

JNO. C. LeGRAND, M. D.,..... *Editor and Prop.*

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Do? Do Nothing.

Birmingham is becoming, if reports are true, the dumping ground for every class, form and style of Fakirs and Charlatans. That such a condition should exist, under the laws of the State of Alabama, is a surprise to even the casual observer, and yet it is stated by some, and the statement is supported by something of sound logic. An exchange, The Mississippi Medical Record makes some pointed allusions to the subject:

"In view of this fact should we be surprised that the country is filling with osteopaths, Christian scientists, magnetic healers, etc., who call themselves doctors and advertise as doctors, yet evade the law by some manner of hocus-pocus that is hard for the ordinary physician to understand? This condition is a natural sequence of higher medical

education and the rigid requirements of state examining boards. These are men and women seeking a shorter and easier route of entrance to the practice of medicine than the one regularly required. A majority of them would today be among the "regulars" but for the fact that they are not qualified to meet the entrance requirements of medical colleges or they have not the courage to face a four years course of study and preparation, and then a rigid independent state medical examining board. It is well for the medical profession to be relieved of this incubus. It can well afford to lose them. As it is now, they wear a brand, they are stigmatized, they live, and move and act under a cloud. They are regarded by the profession and a large majority of the laity as fakirs, as quacks, as irresponsible and disreputable charlatans, as evaders of law, as men and women who have not the ability, or the true manhood or womanhood to prepare themselves in a legitimate way to practice one of the noblest professions in the world.

It may, after all, be best to allow these pretenders to pursue, as best pleases themselves, their infamous calling of quackery, and charlatanism. An enlightened people will soon learn that they cannot be relied upon. As a rule the people will be slow to leave their physician and take up a quack or charlatan under the mysterious title of osteopath, or the euphonious appellation of magnetic healer. But if they should be so unfortunate as to fall into such an error, they will soon return to their physician, the wiser for their folly.

Without any requirements for entering upon, or restraints in plying their trade they will never make advances. Their ranks will soon fill to overflow with illiterate, irresponsible, perambulating characters who will not be able to command the respect of a self-respecting, intelligent people. While the fad is new some few intelligent men and women may, for a time, fall into their hands, but they will sooner or later return to their "first love." On one side of a great chasm that is constantly widening is arrayed a grand army of benevolent, intelligent, skilled and scientific gentlemen. On the other side is a mottled crew of irresponsible, ignorant, disreputable fakirs and charlatans. Between these two classes the laity must choose. We give the people credit for some judgment, even in choosing a physician. A lady in this city a few weeks ago said to another who was urging her to send for an osteopath to treat an obstinate case of sciatica that she was suffering with: "I have not yet reached the point where I am willing to give up my family physician. He has steered this frail bark over many a turbulent sea and I will trust him yet a while longer." So it will be with the thousands and millions of afflicted human beings.

They will continue to trust the man who has made use of every opportunity that the genius of the twentieth century offers for acquiring knowledge and skill in his profession. Where is the true mother who is willing to entrust to the charlatan the care of her child when stricken down by disease? Where is the thoughtful father who will entrust to the care of the quack, the health and happiness of his daughter? Where is the faithful husband who will confide his wife to the care of the montebank when the tortures of motherhood are upon her, or when disease has overtaken her?

The Vermont Medical Monthly according to the Charlotte Medical Journal, when asked by the profession, "What shall we do with the quack?" gives some good advice along this line:

"Do, brother, do? Do nothing, but laugh in your sleeve. Any effort on your part to expose an impostor will only be hailed with derision by those who later on will whimper and cry. Let them find out for themselves, and like the baby who cried for the wasp, they will know lots more afterwards. If the medical profession with its years of scientific research, its real progress in the prevention and cure of disease and its high motives, cannot successfully compete with the quack and imposter, it had better acknowledge defeat and close its existence."

The flood of pretenders has fallen so suddenly upon the people that they have not had time to give the condition a calm deliberate thought. When they take this sober second thought you may trust them to right the evil.

Blood Examination as an Aid to Surgical Diagnosis.

The examination of the blood is the subject for discussion by many of the leading Medical Societies and are of interest to all progressive physicians. In a recent issue of American Medicine the following reference is made:

"The papers on this subject read before the American Surgical Association at Baltimore last week demonstrate the important place that the microscopic examination of blood has taken in the differential diagnosis of surgical lesions. Such examinations most certainly cannot be considered a fad. Although the number of observations are as yet somewhat meager, and as yet cannot be considered scientifically classified; nevertheless they are sufficient in many conditions to be of most practical value, and if properly interpreted by a surgeon who will take the trouble to become familiar with the results, they will undoubtedly guide rather than misguide him to an earlier diagnosis in many acute lesions, especially abdominal, which would prove fatal without this early recognition. J. C. DaCosta, Jr.'s paper was of great importance in that it

presented clearly the anemia in appendicitis. This anemia, present in many cases of appendicitis, associated as it always is with a slight rise in the number of leukocytes, explains some of the cases of a slight leukocytes out of proportion to the inflammatory lesion found at the operation. These observations demonstrate that at the first examination of the blood in appendicitis a red count and a hemoglobin test as well as a white count should be made, in order that the element of leukocytosis due to the anemia should be estimated before interpreting the full significance of the white blood-count. The paper written by Drs. Blake, Hubbard and Cabot, of Boston, is of especial importance, and establishes pretty conclusively that there is no leukocytosis after simple fractures or uncomplicated fractures. These observations will, therefore, aid us in the early recognition of simple or compound fractures. The most important perhaps is their demonstration that the leukocytosis, after ether, with or without operation, or after the ordinary operative interference, with or without ether, is slight when present at all—from 12,000 to 15,000 and fleeting, 12 to 36 hours. The paper of DaCosta and Kalteyer dealt with a number of very careful and elaborate observations on the effect of a general anesthetic on the condition of the blood. Their experiments seem to prove that an anesthetic diminishes the hemoglobin, especially the hemoglobin carrying power of the individual red cell. This experimental work explains therefore, the danger of a general anesthetic in marked anemia, especially that form in which the hemoglobin percentage is very low. Bloodgood's paper dealt chiefly with the leukocytosis of appendicitis, peritonitis, and intestinal obstruction. The number of observations was not sufficient to allow him to make positive statements, but was sufficient for certain conclusions which so far have been of great practical value in his own experience. In the first 48 hours of acute appendicitis a high leukocytosis, above 18,000, especially a rapidly rising leukocytosis is, with very few exceptions, associated with grave inflammatory lesions of the appendix, such as gangrene, an appendix distended with pus, or beginning local or general peritonitis. In a few instances the rising and the high leukocytosis have been the chief or only positive indication for operative interference, and in each instance proved of great value, perhaps the saving of the patient's life. A leukocytosis, even up to from 20,000 to 25,000 is always associated with intestinal obstruction. This rise is rapid and early, and in many cases an indication of the lesion before the clinical signs are clearly established. In peritonitis, if the patient has any resistance, the leukocytes rise rapidly and high, even to 40,000, soon falling to normal or below."

Acute Aural Inflammations in Scarlatina, Measles and Diphtheria.

In the March issue of the Medical Review of Reviews, Dr. Arthur B. Duel furnishes an article of special interest in the treatment of the above diseases. We make the following extract from Pediatrics, which will be of interest, we think to the readers of the Journal:

"In a general way about one in five cases of scarlet fever; one in ten of diphtheria, and one in twenty of measles will be likely to develop an acute otitis media." Scarlatinal otitis is apt to come on rather late in the disease (2d or 3d week) and to be destructive and severe, often involving the mastoid cells. Should it occur after the eruptive fever has declined, a second sharp rise in temperature may be the first indication of its appearance. All symptoms may occasionally be absent till otorrhea appears. Otitis in diphtheria is apt to be less grave than in scarlatina, more grave than in measles. In case of coincident infections the middle ear will likely suffer, as might be expected, with increased severity; here a double otitis is frequent, and involvement of the mastoid very common. In the latter case fever, tenderness over the mastoid antrum and (in children under five) a post-auricular swelling may be expected. In cases over ten years of age Dr. Duel believes this post-auricular swelling is invariably absent in acute cases, but that in all cases we may notice a "sagging or swelling of the upper posterior part of the auditory canal-wall close to the membrana tympani,"—this part being nearest to the mastoid antrum.

As to treatment, the writer emphasizes (in all but the mildest cases) early incision under antiseptic precautions, sterilization of the meatus externus (with warm bichloride solution, 1:1000) generally preventing a catarrhal from becoming a purulent inflammation. Where the medical attendant can see the case frequently, the best drainage can be secured with a wick of sterile gauze frequently changed. Should this be impracticable, irrigation with weak bichloride (1:5000) should be made often enough to keep the meatus free from pus. In mastoid involvement he thinks early removal of all the mastoid cells the best treatment in any case, and that if streptococci be present, delay in operation should for no reason whatever be admitted.

An eminently proper and wise prophylactic measure is urged—namely, that all children with these diseases should have their ears daily inspected with the speculum:—where this is impossible, the meatus externus should be washed daily with weak bichloride, in order to avoid infection in those cases where rupture of the membrane is the first sign of trouble.

HOME TREATMENT OF VAGINAL DISEASE.

Every physician must at times find himself more or less balked in his efforts to cure certain diseases of women, by the inability, or at any rate the failure, of the patient to carry out the necessary measures. She fails to come for local treatment because the weather is bad; a child is sick; or, like Martha of old, she is "cumbered with many cares." In such cases for the past year or more we have made it a rule to order Anderson's vaginal capsules, medicating them to suit the case in hand.

These capsules are designed for the introduction of medicated cotton into the vagina, and are convenient, simple and cleanly; they prevent the medicament from being pressed out from the absorbent cotton during introduction, thus gaining the advantage of retaining the full strength of the ingredient used, and avoiding the annoyance to the patient of exposure or soiling the linen.

They also act as a capital support to the uterus in prolapsus, malposition and relaxation of uterine ligaments and atonicity of the vaginal walls. Unlike mechanical pessaries, they do not cause irritation, inflammation, or uncomfortable feelings; but they have both curative and healing properties, with facility of application. They answer an admirable purpose.—Massachusetts Medical Journal.

"Wayne's Diuretic Elixir, composed of buchu, juniper, potass. acetate, etc., is a most excellent preparation, and will be found peculiarly valuable in cases of acute and chronic cystitis, urinary deposits and sediments, calculous troubles, and in chronic Bright's disease. It seems to more satisfactorily allay irritation of the genito-urinary organs than any remedy we have tried, and will prove to others, as it has to us, most satisfactory in all organic and functional diseases of the genito-urinary system."

Auto-Chemical Co., St. Louis, Mo.—

Gentlemen: Your sample of Auto-Toxide received and commenced testing it for flatulent dyspepsia, the result of a heavy supper. The distress following a ravenous appetite never occurs, and the patient can now enjoy a heavy meal with perfect impunity. One to two tablets will relieve a flatulent condition in fifteen to twenty minutes without fail. This is my experience with many patients. Will have druggist order a supply, for Auto-Toxide is the medicine par excellence for the condition above described.

Yours truly,

A. V. Robie, M. D.

Black River Falls, Wis.

Miscellaneous Notes.

A surgical chair for sale at this office.

Dr. N. Senn, of Chicago, is on a trip around the world, having started July 4th.

Dr. T. W. Jones, one of Camden's best doctors, spent several days in the city this week.

In Philadelphia every case of whooping cough has to be reported to the Board of Health.

We call especial attention to the medical college announcements, all of which are first-class.

Dr. E. H. Sholl has associated with him Dr. Edgar Allen Jones in the practice of medicine.

It has been too hot to think, work or write for one month, but there is no rest for the Journalist (?).

Dr. John Killough, of Huffman, Ala., has returned from Baltimore, where he spent some time at "Hopkins."

It is being advocated by some writers that syphilis and gonorrhoea should be placed in the list of contagious diseases.

Dr. F. S. Scales, of Mobile, Ala., a prominent physician and a good citizen, and for a number of years on the Quarantine Board of Mobile, died June 5, 1901.

A number of the best medical schools are announced in this issue of the Journal. The attention of medical students is especially called to them, and requested to write for catalogues.

Chicago thinks of flushing the streets to keep them clean, while Milwaukee is about to abandon the method for a dry sweeping patent process which draws the dust and dirt by an air-blast into a chamber so that it is not blown or scattered about. If it works, the patentee of the machine should have his million dollar reward.—Ex.

The after-dinner speaking mania at medical banquets is at its height. What a pity it is that men who have nothing to say, and who do not wish to say it, are compelled to say it to men who do not wish to hear it. The worst sort of postprandial nonsense is that prepared in advance. "Born of the occasion and mellowed by the charm of the hour," should be the ideal, and any man who speaks over five minutes or who indulges in obscenity should be hissed down instantaneously.—Ex.

It is a boast commonly heard that the boaster has not consulted a Doctor of Medicine in months or years. This is an unobjectionable matter for exultation, if one is living a life of knowledge of sanitary laws and of conformity to them. But if a man or woman in unaccustomed conditions goes absolutely without medical advice, it is a risk, not necessarily fatal, but a risk which no intelligent and conscientious person is justified in taking. As one of our men said, years ago: A doctor should not be viewed as a fire engine to put out the fire, and as such summoned only in an emergency, but as one of the means of preventing fires.—The Post-Graduate.

Dr. Gould, editor of American Medicine, makes this observation:

Antichild-labor is becoming an important factor in the politics and industries of the South. The negro children are not allowed to work in the mills on account of their color, and they attend school while the children of the poor whites are slaving long hours in the mills. This strange reversal of the usual order of things is arousing great opposition and may lead to laws against all child-labor, which should have been enacted long ago. The women, fortunately, are carrying on the campaign.

A Chicago daily paper is authority for the following: Dr. Dudley S. Reynolds, one of the founders of the Louisville Hospital College of Medicine, and a member of its faculty from its inception, has been dismissed from the institution because of his antagonism to cigarette smoking. He is now suing Central University, of which the medical school is a part, for \$15,000 damages. Dr. Reynolds, in his lectures to his classes, denounced cigarette smoking and smokers in unqualified terms. The students took offense and refused to attend his lectures unless an apology was made. This he declined to do. At this juncture the faculty joined with the students and requested his resignation. Again he declined, and his dismissal followed.—Atlanta Journal-Record.

Its a weak college which has to trim so closely to hold patronage.

Doctors, like other men in other pursuits in life, at time become restless and discouraged because they do not make a fortune in a few years. Some doctors are too restless in securing practice and patients. These lines from Longfellow may be suggestive:

"Lives of great men all remind us
We can make out lives sublime,
And departing, leave behind us,
Footprints on the sands of time.

"Footprints that perhaps another,
Sailing o'er life's solemn main,
A forlorn and shipwrecked brother,
Seeing, shall take heart again.

"Let us then be up and doing,
With a heart for any fate;
Still achieving, still pursuing,
Learn to labor and to wait."

Dr. R. M. Cunningham, in his reply to ex-Governor Jones on the quarantine question, which was being considered by the Constitutional Convention, now in session, proved himself to be equal to an important occasion and worth of the high honor which the good people have bestowed upon him. Dr. Cunningham deserves the lasting gratitude of every man, woman and child for this one speech.

Dr. Richard Eiche, of Cleveland, Ohio, writing, says: "It is doubtless of great value to the medical profession that we have a remedy at our command like Sanmetto. I have used this remedy with much success in irritation and inflammation of the neck of bladder, in prostatitis, in nervousness arising from irritation of uterus, ovaries and testes, in incontinence of urine and in old cases of gonorrhoea and gleet. This remedy also powerfully influences the reproductive apparatus. It is here not my intention to waste space in pathological discussions, but will say that Sanmetto is a weapon in the hands of the physician, and a backbone to the worn and old of both sexes."

I have made use of Pil. Quis. Dad recently in my practice, and I am well pleased with their effects. As I took a portion of same myself, I can say that I believe that they are the best quinine I have had occasion to use. They are more soluble and produce less ringing in the ears than any form I have ever taken.

H. J. Powers, M. D.

Ogden, Utah.

FEMALE NEUROTICS—THEIR TREATMENT.

Prof. Chas. J. Vaughan, Chair of Gynæcology, Atlanta College of Physicians and Surgeons, writes: "Cerebro-nervous affections peculiar to women associated with pathological disturbances of the reproductive organs are legion, and most trying to physician and patient. Physicians are aware of the wide prevalence of these nervous disorders, for comparatively few women are entirely free from some phase of the ailment. Neurasthenia, neuralgia and other manifestations, either of an active or passive character, are common and are always peculiarly rebellious to treatment. Neuralgia constitutes the great cause of danger from the employment of hypnotics and narcotics, which only afford relief by numbing, but effect no cure. On the other hand, the formation of a drug habit rather aggravates the condition from which relief was originally sought. I have found nothing so well suited to these cases as five-grain Antikamnia Tablets, administered in doses of from one to three tablets and repeated every one, two or three hours, according to the attendant's judgment. These tablets not only afford complete relief without fostering a drug habit, but they do not endanger weakened hearts. Their exhibition is attended with no unpleasant after-effects. I use them in preference to any other preparation in the treatment of female neurotics, and experience demonstrates that they are safest and best."

FLAVELL'S STOCKINGS, SUPPORTERS AND TRUSSES.

It is with great pleasure we cheerfully recommend the firm of G. W. Flavell & Bro., No. 1005 Spring Garden street, Philadelphia, to those of our readers who may desire anything in the way of Elastic Stockings, Uterine or Abdominal Supporters, or Elastic Trusses. Their goods are the best on the market—perfectly reliable—while their prices are exceedingly reasonable. Every article they manufacture is guaranteed to be just as represented. When in need of anything in their line do not fail to correspond with them.—The Toledo Medical and Surgical Reporter.

As we near our summer season we naturally think of the cases of fevers we are sure to treat, and ask, what is our best tonic and stimulant? Hart's Alimentary Elixir is my friend. I depend upon it, and have for several years, to support the vital forces during fevers, when the stomach will not accept solid food at all. Try it.

J. C. Perine, M. D.,
New Orleans, La.

NITROUS OXID.

At a meeting of the College of Physicians of Philadelphia April 3d, 1901, Dr. S. O. Goldan, of New York, read a paper on Nitrous Oxide and Oxygen as a Surgical Anæsthetic. The American Medical Association, commenting on the paper under the head of Society Reports, says:

"Description of a new apparatus for administering these gases; report of 100 operations, the narcosis lasting half an hour and upward; remarks regarding the use of nitrous oxid as a preliminary to ether in general anesthesia. The sole effect of nitrous oxid is not to cause asphyxia, its anesthetic power being proven by the fact that it will anesthetize when oxygen is also given. The latter must be below 30 per cent., better 10 per cent. Anesthesia is caused in from 1 to 2 minutes. The 100 cases reported included almost all major operations, the longest being 2 hours and 40 minutes. The respirations and pulse remain practically normal. Nausea and vomiting or headache occur in some cases, but they are generally not severe. The quantity of the gases used make this the most expensive method in use. The general sentiment of the college was that the method seemed good, but that it was not applicable to hospitals where short-term residents were the anesthetizers, as a specialist was needed to manipulate the apparatus."

THE IDEAL HAEMAGOGUE AND EMMENAGOGUE.

Doctor: To continue our request for the physician's consideration and investigation of our Ergoapiol (Smith's), we hold as essential, an explanation for the lauded efficiency of this preparation, viz:

Our apiol is a product exclusively of our own, containing 92 per cent. of the active principle of apium petroselinum and does have decided characteristic therapeutic properties and merit, whereas other apiols heretofore employed by the physician with negative results contain only 1½ per cent to 2 per cent of this principle (the other portion being purely inert resinous matter), and consequently have proved ineffective representatives of the excellent and valuable therapeutic properties of Apium for treating Amenorrhœa, Dysmenorrhœa, etc.

This apiol we do not at any time supply in bulk or in any form other than our Ergoapiol—(Smith).

Martin H Smith Co.,
68 Murray Street,
New York, N. Y.

THE ANODYNE TREATMENT OF ACUTE PERITONITIS.

McCaffrey ("The Etiology, Pathology and Treatment of Acute Peritonitis,") observes that the most pronounced indication for treatment in peritonitis is that for the relief of pain. Blisters and counter-irritation, the older resorts are practically useless. Hot water bags

and poultices are far superior, but the relief they afford is only temporary. In some cases the ice bag is more grateful than hot applications. But whether hot or cold is employed, it should be relied upon only until other lines of treatment can be instituted. Rapine should be given in teaspoonful doses repeated frequently enough to afford the desired results. Relief from pain, short of narcosis, should be sought, only until other lines of treatment can be instituted. Papine should produce nausea, but rather prevents this symptom. In the event of the development of more or less prostration, a proper stimulant, such as strychnine or nitro-glycerine, should be judiciously employed.—Medical News.

SANMETTO AS A GENERAL TONIC.

Dr. J. W. Russell, of Clyde, Ohio, writing, says: "I have used Sanmetto extensively in genitourinary irritations, and in atony of the generative system, with splendid results. I am also pleased with its action as a general tonic in cases debilitated as a result of la grippe."

At the sixth annual meeting of the Western Ophthalmologic and Otolaryngologic Association, held in Cincinnati April 11th and 12th, the following officers were elected:

Dr. C. R. Holmes, Cincinnati, O., President.

Dr. W. L. Dayton, Lincoln, Neb., First Vice President.

Dr. J. O. Stillson, Indianapolis, Ind., Second Vice President.

Dr. H. W. Loeb, St. Louis, Mo., Third Vice President.

Dr. O. J. Stein, 100 State St., Chicago, Treasurer.

Dr. William L. Ballenger, 100 State St., Chicago, Secretary.

At the meeting in Cincinnati the scientific program was of very high grade. Forty new members were elected.

The next meeting will be held in Chicago April 10th, 11th and 12th, 1902.

William L. Ballenger, Secretary.

W. C. Frederick, M.D., Lono, Ark., says: I have used S. H. Kennedy's Extract of *Pinus Canadensis* (Dark), one to three of water, in sore throat from cold, with splendid results, and have now under treatment a little boy, three years old, suffering from strumous diathesis, who has been afflicted over a year with otorrhea. Have been using as an injection two drachms of S. H. Kennedy's Extract of *Pinus Canadensis* to four drachms of water, three to five drops, two or three times a day, the ear previously cleansed with castile soap. The little fellow commenced to improve from the very start, and is rapidly improving daily; the discharge has almost ceased. He has been on this treatment for about two weeks.

"RUDOLF VIRCHOW FUND."

To the American Medical Profession:

On October 13th, 1901, Rudolf Virchow will be 80 years old. When he completed his 70th year a fund was started in his honor to enable the great master to facilitate scientific research by establishing scholarships, and by encouraging special medical and biological studies. Contributions to that "Rudolf Virchow Fund" were furnished by those in all countries interested in progressive medicine, as a homage to the man whose name is always certain to arouse admiration and enthusiasm.

In Berlin a large committee, containing, amongst others, the names of A. Bastian, V. Coler, A. Entenburg, B. Fraerkel, O. Israel, Fr. Koenig, C. Posner and W. Waldeyer, has been formed to call for contributions, which are to be added to the original "Rudolf Virchow Fund," so as to increase its efficiency. The committee expresses the opinion that in no better way, and in none more agreeable to the great leader of modern medicine, can his 80th birthday be celebrated, and ask for the sympathy and co-operation of all those engaged in the study and practice of scientific medicine all over the globe.

The undersigned have formed a sub-committee for the purpose of making the American profession acquainted with the intentions of the Berlin committee, and urge their colleagues to participate in honoring the very man who has done more, these fifty years, than any other to make medicine a science, and international.

Subscriptions should be sent to their secretary, who will receipt therefor.

CHARLES A. L. REED, President of the American Med. Association.

HENRY P. BOWDITCH, President of the Congress of American Physicians and Surgeons.

WILLIAM K. WELCH, Johns Hopkins University.

ROBERT F. WEIR, President of the N. Y. Academy of Medicine.

J. JACOBI, 110 West 34th St., New York, Secretary.

Dr. A. Koester, LaGrange, Texas, writes: "In the various forms of malarial diseases, Laxchinia, as prepared by the Auto Chemical Company, St. Louis, Mo., was put to a thorough test by myself and two other physicians. We tried it in intermittent, quotidian, tertian and pernicious continued fever. Among the cases were two especially noteworthy, owing to intolerance. Laxchinia acted like a charm, and I conscientiously recommend it, for I regard the preparation one of the best acquisitions to modern therapy."

INTESTINAL DISEASES OF CHILDREN.

By Geo. Howard Thompson, M. D., Professor Materia Medica and Experimental Medicine, St. Louis College of Physicians and Surgeons.

Dentition, in my opinion, is only incidental to the gastro-intestinal disturbances known under the general name of cholera infantum. True it is that children are highly susceptible to reflex disturbances prompted by irritation in the gums at the teething period. Any constant irritation, however, may produce the same reflex disturbances. Cholera infantum coincidental with teething is apt to be regarded as a result of this physiological process by the thoughtless observer. We must differentiate between a coincidence and a cause. We must differentiate between a coincidence and a contributing cause. Cholera infantum may take place at any season of the year; so may the process of teething. These two conditions frequently take place simultaneously. Cholera infantum, however, is far more likely to take place in the summer—in the central and southern sections in August and September, than in any other season of the year. Indiscretions in diet are the exciting causes. When teething is coincidental we can more readily understand the influence of indiscretion than at a later period. The mere fact of dentition can be responsible only for certain reflex nervous disturbances; but the cause of dentition is the necessity for a change in the child's diet. The child must be supplied with food different from mother's milk, otherwise, why the advent of teeth? This necessity is recognized intuitively by the mother, who, not knowing how to meet the indication physiologically, is only too apt to kill the child with mistaken kindness. The child gets bread to bite, which the child's gastro-intestinal apparatus is not ready to dispose of properly. It ferments and sets up a gastro-intestinal irritation, nausea, vomiting and purging results, and finally the doctor is called.

This summer, I have had a large number of cases of cholera infantum, subacute gastro-intestinal indigestion and marasmus. Probably my best results were derived from the following line of treatment:

Baby was given podophyllin one-fortieth of a grain, or calomel, one-tenth of a grain, until the passages became distinctly bilious. Then an intestinal antiseptic sedative and astringent consisting of:

R Bismuth subcarbonatisDr. i
Glyco-Thymoline (Kress)fl. Oz. ss
Misturae Cretaeq. s. ad. fl. Oz. iij

M. Sig.—Shake the bottle and take a teaspoonful every three hours. It is always a good idea to give the baby an enema of a pint of

warm water, in which is an ounce of Glyco-Thymoline at the commencement of treatment, in order that the colon may be relieved as rapidly as possible of its fermenting and decomposing contents, and the lining meet the antiseptic and healing application as soon as possible. Daily enemata of the above solution are frequently advisable.

This summer, I have had fewer unfortunate terminations in my cases of cholera infantum than in previous years, and I attributed my good fortune largely to the fact, that at the instigation of Dr. A. E. Chatfield, of Cleveland, Ohio, I have added this non-irritating antiseptic, Glyco-Thymoline to my internal medication in inflammatory diseases of the gastro-intestinal tract.

It has proven to have these advantages: It is antiseptic; it is non-toxic in the dose given; it is non-irritant; it is healing. It is about the only antiseptic that can be safely given to children.

MEDICATION IN VAGINAL DISEASES BY CAPSULED TAMPONS.

By John R. Brown, M. D., Columbus, O.

Permit me to call the attention of the profession to one of the most useful, ingenious and complete modes of treating many diseases of the womb, that it has been my good fortune to try. I allude to "Dr. Anderson's Antiseptic Vaginal Capsules," with absorbent filling, manufactured by the Hall Capsule Co., of Cincinnati, O. By the use of this capsule the physician is saved the nauseating performance of introducing caustics or other applications of cotton, forceps, sound, etc. All that is necessary is to introduce your medicament on absorbent cotton in the capsule, close it and then introduce it, and the work of application is done. By means of a string there is no trouble in removing the cotton. Owing to the softness and easy pressure, the patient feels no inconvenience whatever. As a pessary, I regard it the best I have ever seen.

The first case in which I had occasion to use the capsule, was with a lady 36 years of age, with extensive ulceration of the os uteri. She informed me that she had been under treatment of various physicians for three years, but could not see that she had improved. In addition to the ulceration was anteversion, discharge free and very offensive, so much that she dreaded society. The terrible strain upon her was wrecking her system. About the middle of last November I commenced treating her by means of "Dr. Anderson's Antiseptic Vaginal Capsules." For the first ten days the discharge was so great that the capsule was changed twice in twenty-four hours. As she improved, it lessened rapidly and a change once in twenty-four hours was sufficient. But by

the 1st of January she had gained eight pounds. At the present writing no ulcers have appeared.

The benefits derived from its use as a pessary, certainly command the intelligence of physicians. I have also used the capsule in several cases of leucorrhoea with better success than any other mode I have tried. While I am not quick to run after strange gods, yet I candidly believe the physician who will give this capsule an impartial trial, will agree with me that it is the easiest and best means of treatment known, as the medicine prescribed comes in contact with the diseased parts and is retained there until it is absorbed.

AUTOMATIC SAFETY-VALVE STOPPER—A DEVICE PREVENTING THE BURSTING OF PEROXIDE OF HYDROGEN BOTTLES.

The great trouble with peroxide preparations is that if the containers are tightly corked, the oxygen which separates and is set free, slowly but constantly as time passes, accumulates, until the bottles can no longer stand the pressure and burst, or the corks are driven out. Of the two alternatives, the bursting of the bottles is the most objectionable feature on account of the danger attached to it.

Containers of the hydrogen peroxide, U. S. P., which is a comparatively weak solution of H_2O_2 , yielding but ten volumes of oxygen, may be closed with a wooden stopper, which, by the porous nature of the



a

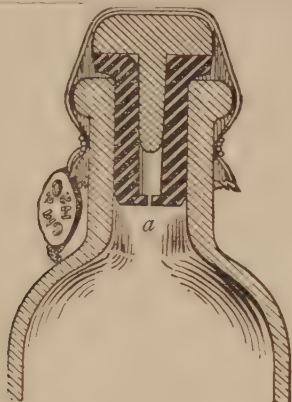
(a) Puncture.

Cut No. 1. Illustrates the cross section of the safety valve rubber Cork, showing the wooden top and the puncture at the bottom. A thin strip of paraffined paper is inserted in the puncture.

material, permits the escape of the gas almost as soon as it is set free, thus avoiding explosion and rupture of the bottles or the driving out of the corks.

While these wooden stoppers answer very well for solutions of H_2O_2 , responding to ten volumes of oxygen or less, with stronger solutions, such, for instance, as Marchand's peroxide of hydrogen medicinal (15 volumes), or his hydrozone (30 volumes of oxygen) they are quickly attacked by the solutions, as are also the ordinary corks, and within four months are completely oxidized, not merely bleached, but rendered so soft that they cut like pot cheese. From that time the goods are unfit for sale.

In order to prevent these difficulties and especially to obviate the bursting of the bottles containing hydrozone, Mr. Marchand, the manufacturer of that article and other well known brands of peroxide of hydrogen, has devised an ingenious stopper which he calls the "auto-



(a) Puncture.

Cut No. 2. Illustrates the cross section of a bottle corked and capped with vegetable parchment and paraffined muslin; no wire.

matic safety valve rubber cork," and which is shown in the illustration.

The material of the stopper is vulcanized rubber. The beveled end is punctured through in such a manner that when the pressure in the bottle rises above five to eight pounds to the square inch (according to the thickness of the rubber at the bottom, which may vary slightly), the excess of free oxygen finds free egress and thus relieves the tension.

This device is first inserted, and a plug of porous wood is then driven



Cut No. 3. Illustrates the top of the bottle with the seal.

in, thus stiffening the rubber and completing the operation of "corking."

The capping consists of vegetable parchment covered with paraffined muslin, no wiring being used or needed.

It is easily seen that this style of closing the bottle obviates the possibility of bursting. Assuming even, that through some imperfection of the stopper, the puncture should close, as soon as the pressure rises to a point far within that required for rupture of the bottle, the stopper, not being wired down, will yield and be forced out.

Retail druggists who have for so many years been the chief sufferers and losers from the bursting of the peroxide containers, and the deterioration of the substance otherwise from the causes indicated above, will welcome Mr. Marchand's invention as a happy solution of what has to them been a very serious problem in the past, since it will enable them to supply their trade with the higher solutions of hydrogen peroxide, and especially that preparation of Marchand's, for which the stopper was particularly designed, "hydrozone," which carries thirty volumes of oxygen.

The device described above—the automatic safety-valve stopper—having entirely obviated the danger arising from the explosion of bottles in handling, there is certain to be a largely increased demand for Marchand's concentrated solutions of the peroxide of hydrogen (which alone will be corked with the patented stopper), since physicians anxious to obtain quick results will never prescribe anything but the most active solutions, or those richest in active oxygen, and since druggists will be protected absolutely against loss by deterioration or explosion. The medical profession is being thoroughly advised of Mr. Marchand's new method of closing his bottles of "peroxide of hydrogen medicinal" and "hydrozone," and will be certain to avail themselves of the advantages thus guaranteed them.—April, 1901, issue of *National Druggist of St. Louis*.

Note.—Remember there is no popping when corks are removed.

HYPOTONE.

The medicinal use of phosphorus and its compounds holds a place in the estimation of the medical profession which is abundantly justified. Phosphorus is one of the normal constituents of several of the tissues of the body, including those most important structures that make up the central nervous system. Hence phosphorus may properly be held to play largely the part of a reconstituent in therapeutics. The compounds of phosphorus are supposed by some investigators to act medicinally by giving up to the tissues the elementary phosphorus which they contain, but we may safely infer that it is not in this way alone that they exert a powerful therapeutical effect, for in many of

the compounds of phosphorus the substances with which the phosphorus is combined have very definite and pronounced medicinal properties of their own. This is especially true of the salts of hypophosphorus acid—the hypophosphites; consequently the hypophosphites have long been recognized as among the most valuable articles of the *materia medica*.

In the main, however, the indications for the hypophosphites are those for phosphorus. In rhachitic conditions, which are of far commoner occurrence than is generally supposed, the hypophosphites are found to be of great service while the disease is in progress, especially in its early stages, though of course, like all other medicines, they cannot do away with the deformities due to rickets when once the disease has become confirmed. Another disease of the osseous system, but, fortunately, one of far less frequent occurrence than rickets, in which the hypophosphites are of great value is osteomalacia. In these two affections phosphorus and its compounds are doubtless more efficient than all other drugs together.

Tuberculous affections, it is well known, are favorably influenced by the hypophosphites, not, perhaps by their exerting any direct action upon the tuberculous process, but rather by their invigorating the nervous system and heightening the resisting power of the organism, enabling it to cope with the toxine produced by the growth of the tubercle bacilli, and in this respect they doubtless are analogous to arsenic in their action.

While nobody at the present day would choose to rely upon either of these agents, or indeed upon drugs of any sort, in the treatment of tuberculous disease, there are, unfortunately, many cases in which the advantages of change to a favorable climate and to an out-door life cannot be secured. Since we know, however, that a fair proportion of these cases, even under the unfavorable conditions of hard work within doors and in large cities, end in recovery without treatment of any kind, there is strong reason to hope for good results in a far larger number of instances, provided suitable medicinal agents, notably the hypophosphites, are properly employed.

In a great number of diseases of the nervous system the hypophosphites are of distinct benefit. Among them are mental enfeeblement, mania, melancholia, anaemia and malnutrition of the brain (often manifested by insomnia), paralysis of cerebral origin, tabes dorsalis (manifested by locomotor ataxia), asthenic neuralgia, and nervous impotence.

In such skin diseases as lupus vulgaris, lupus erythematosus, chronic eczema, psoriasis, and acne the preparations of phosphorus have been employed with success.

In short, in almost any condition of ill health in which lowered

vitality plays a prominent part, and such is its role in a wide range of departures from health, the hypophosphites may be depended on to aid materially, along with other remedial agencies, in restoring the patient to his normal condition.

So much for the hypophosphites as compounds of phosphorus; let us now consider the other elements that enter into the composition of our preparation. Hypotone contains calcium hypophosphite, potassium hypophosphite, sodium hypophosphite, iron hypophosphite, manganese hypophosphite and quinine hypophosphite, besides certain constituents which are not compounds of phosphorus. Concerning calcium, potassium, they are all, in various combinations, essential constituents of the blood and the tissues. Lack of them is shown in scurvy. Calcium is the chief inorganic element of bony tissue; in the form of the hypophosphite, it readily lends itself to the building up of osseous tissue defective in mineral constituents, and so contributes powerfully to the correction of the abnormal softness of the bones characteristic of rickets, a softening which leads to various deformities, including those distortions of the pelvis on which depends so much of the maternal element of dystocia.

Happily, American women are comparatively free from this cause of difficult parturition, but many of our women whose infancy was spent in Europe are the subjects of grave rachitic deformity of the pelvis.

Iron, too, is an element necessary to the economy, one of the most characteristic constituents of the red corpuscles of the blood. From the earliest times, the necessity of keeping up the supply of iron in the system has been recognized in the prominence always accorded to iron as a tonic.

Hardly second to iron as a tonic is manganese, and its peculiar properties in correcting certain menstrual irregularities are by no means to be lost sight of. Quinine, as has been known for many years, exerts a steadying influence on the nervous system that is quite apart from its action in malarial infection; in small doses it is one of the most trustworthy of the nerve tonics.

Hypotone contains also two precious remedies that are not compounds of phosphorus. They are nux vomica and coca, the former a tonic to the heart and a sustainer of the motor functions of the spinal cord, and the latter a promoter of digestion, a soother of irritation, and a support to the sympathetic nervous system.

All the remedies that enter into the composition of Hypotone are, then, such as have for years been recognized as admirable agents in the correction of debilitated and cachectic conditions of the system.

It remains to speak only of the menstruum in which they are presented. Heretofore the hypophosphites have been used almost exclusively in the form of syrups. The syrups are in general quite objectionable for continuous use. Cane sugar is prone to disagree with delicate stomachs. Moreover, as the water of a syrup gradually evaporates (as it must needs do every time the bottle is opened), portions of the sugar crystalize on the cork and around the neck of the bottle, and what remains of the syrup grows more and more concentrated and consequently of feebler power as a solvent. The result is that the hypophosphites are no longer held in perfect solution, and a varying amount falls to the bottom of the bottle in the form of a precipitate. The last doses, therefore, contain more than the proper amount of the active ingredients. In the case of Hypotone, however, the menstruum is a pure sweet California wine, depending for its sweetness only on its own native grape sugar, and preserving its solvent power up to the last drop. Besides this, the wine is in itself a gentle stimulant to the function of gastric digestion. Hypotone, therefore, is the ideal preparation of the hypophosphites re-enforced by other valuable tonics.

Hypotone is put up in an 8-oz. bottle only; this being the size which is most convenient for prescriptions. The price of a bottle is fifty cents (50c.), we having placed it at a figure which will put it within the reach of all.

The Hypotone Co., Chas. Roome Parmele Co., Selling Agents, 36 Platt Street, New York.

ERGOAPIOL—(SMITH) AS AN EMMENAGOGUE AND OXYTOCIC.

By M. A. Auerbach, Ph. G., M. D., New York City.

Ergoapiol (Smith) being introduced, as I understand and have reason to believe, to the physicians only, and under all the rules of Professional Ethics and furthermore as it has proven exceptionally efficacious in its indications, it seems reasonable that I should report the results of my investigation with the same.

As the stoppage, scantiness, or non-appearance of the menstrual flux arises from very different causes, and as these causes are of diverse or even opposite natures, and may often be removed by drugs, it is obvious that many remedies of very different character are indirect emmenagogues. Thus, amenorrhea may depend upon plethora, or it may be the result of anaemia; and while in the one case, depletory medicines are indicated, in the other case, topics are no less essential. As a direct emmenagogue, Ergoapiol is the drug par excellence. In such cases where uterine stimulation is required Ergoapiol should be given.

Another thing of vital importance in favor of Ergoapiol (Smith) is its non-toxicity and entire absence of narcotic action. Unlike ergot where one has to be continuously on the lookout for ergotism, or other results following the use of numerous other emmenagogues, whose action has proved fatal in so many instances, Ergoapiol (Smith) can be given without fear.

As an oxytocic, Ergoapiol is second to none. Its action is far superior to that of the best fluid extract of ergot on the market today. It has for the past year become routine practice with me to administer Ergoapiol after each confinement.

Ergoapiol (Smith) has given me better results than any drug I have ever used. I prescribe it in all of my cases of dysmenorrhea. Success upon success has gratified my efforts since I began using it. Its therapeutic merit as an emmenagogue is simply phenomenal.

In concluding, all I would say is, that the physician should here lay aside his skepticism and give this remedy a thorough trial. Doubtless, most physicians feel, as I did when I first learned of Ergoapiol, that it is about as good as the apiol sold in the market, which is indeed inert and ineffective.

With great pleasure, I cite a few of the many cases treated with this remedy:

Mrs. W., Madison Street, New York City, age thirty-nine, widow, has had severe backaches shortly before and during her whole menstrual period, which usually lasted from three to four days. I dilated her cervix between her period some two months back, but it did no good. I administered Ergoapiol (Smith), one capsule t. i. d., and to my surprise, she has gone through her last monthly period without pain or discomfort.

Miss X., James Street, New York City, age nineteen, single, contracted syphilis six months ago and ever since that time, although under treatment for the above named disease, has had severe pains with scanty flow during her menstrual epochs. Her physician tried, so she tells me, "most everything he knew of" without avail. She came to me about two weeks before her last periods were due and I gave her two prescriptions, one for a douche to "begin at once" and the other, two caps Ergoapiol, t. i. d. one day before her expected period and to be continued for the following three days. I am glad to state that she has passed through her time with a full flow and absolutely painless.

Mrs. F. M., Sixty-second Street, New York City, has suffered intense pain before and during her menstrual periods. I administered Ergoapiol (Smith) about four days before the expected time one capsule three times daily. She went through her period without the slightest pain or ache.

Miss McG., single, age nineteen, began menstruating at fourteen. Irregular and extremely painful. Administered Ergoapiol as per above mentioned case with the following result: Noticed a great improvement. Pain was very much lessened and did not compel patient to seek her bed. Repeated the Ergoapiol during her last term with the happy result of an absolute cure.

Mrs. M. M., Cherry Street, New York City, married, suffered great pain during the first and second day of her "term." Gave Ergoapiol, one capsule every four hours as soon as the term began, and had the usual pleasing results of a perfect cure.

THE USE OF NITRITES IN THE TREATMENT OF SYPHILIS.

Browning, Medical News, December 29, 1900.

Browning explains that the common interference with the arteries in syphilis leads him to advise the use of nitrites to combat this. His object was not to substitute these drugs for mercury or the iodides, but to make use of them as vaso-dilators to distend the constricted lumina and thus allow the antisymphilitic agents a better chance to penetrate deeper and reach more effectively the sclerosed areas in tertiary syphilis. He thinks therefore that "the nitrites are indicated in all syphilitic diseases of the arteries, as a rule in all specific affections attended by pain, in all syphilitic brain troubles, and especially in the later and hereditary forms of syphilis (cerebral, spinal, peripheral)."

Of the nitrites commonly used, nitroglycerine alone is a practical agent for long-continued administration. Nitrite of amyl is too evanescent in its effects, and the nitrite of soda is too irritating to be taken long. The tetranitrate of erythrol is much preferable to the soda salt, and is also preferable to nitroglycerine, in that it does not cumulatively lose its effect, as is the case with nitroglycerine, and its action is slower. The disease is from one-half to one grain.

Have you used HART'S ALIMENTARY ELIXIR, when the Stomach refuses to perform its functions? Well, it is The True Liquid Food and Tonic Stimulant, physiologically. It has saved many a patient when very low. It nourishes and restores. Is nutritious and agreeable. The E. J. HART & CO., LTD., New Orleans, will send you an original bottle—if you do not already know this valuable Elixir. In 8 oz. bottles "ONLY."

HART'S BISMUTH CREAM controls all Stomach and Bowel troubles. Try it in Gastritis, Gastralgia or Pyrosis.

SOME CLINICAL ASPECTS OF CHRONIC NEPHRITIS.

While the medical profession should be ever ready to honor those of its members who have distinguished themselves and advanced their art by important discoveries, the wisdom of employing eponymic designations in this connection is questionable, because they are necessarily undistinctive, at times confusing, and thus obstructive of progress. Thus the same name may be, and actually has been, applied to more than one condition; then, with the growth of knowledge it may be found that the limitations of the original name have not been perfectly defined; finally, there are few minds so capacious as to be able to store up all of the proper names that have at different times been proposed. Some of these difficulties are illustrated in the employment of the term "Bright's disease." Although the association of disease of the kidneys, albuminuria, and dropsy had been previously noted, to Bright belongs the credit of having first pointed out the dependence of the latter two upon the first; but several morbid conditions of the kidney were comprehended in the description of Bright, so that after all it seems better, for the sake of clearness and accuracy, to employ the generic designation nephritis with its several qualifications—acute, chronic, parenchymatous, interstitial, lardaceous, cystic, etc.

A view somewhat opposed to this is taken by Dr. Alfred G. Barrs (British Medical Journal, March 30, 1901, p. 753) in an address on "Some Clinical Aspects of Chronic Bright's Disease" recently delivered. He contends that the pathological distinctions made between the different forms of so-called chronic Bright's disease have little clinical value, and that there is no practical utility from a therapeutic or a prognostic standpoint in distinguishing between a large white and a small red kidney, even if it were possible to do so with certainty.

The important fact to determine, he thinks, is whether the condition be acute or chronic, as the chances of recovery are then good or bad respectively. Acute nephritis, Barrs believes, terminates either in recovery or in death, while chronic nephritis is so from the outset, and he suggests the possibility of a bacterial origin for the latter.

The opinion is expressed that the diagnosis of chronic Bright's disease cannot safely be made in the absence of albuminuria, although it is not denied that renal changes—Bright's disease in a pathological sense—may exist and the urine be free from albumin. No importance whatever is attached to the quantitative estimation for albumin, and the estimation of urea is not thought to be of any great value. The cardio-vascular changes, it is believed, are not so uniformly inevitable or so common as is generally held. The statement is made that arteriosclerosis, although independent of renal disease, is a far more com-

mon cause of cardiac hypertrophy than Bright's disease, and vascular disease of this nature is probably a cause as well as a result of renal disease. As a natural corollary chronic renal disease is not looked upon as having nearly such a common association with cerebral hemorrhage as has been supposed. Toxemia, the inevitable result of progressive destructive disease of such a vital excretory organ as the kidney, is considered the direct and only cause of death in the vast majority of cases.

In the matter of diet, Dr. Barrs makes it his rule that if the bowels are acting freely the patient may live on such ordinary mixed food, including meat, as he has appetite for and can digest. Water and other fluid sustenance should be taken freely; alcohol is to be avoided unless demanded by cardiac failure; climatic treatment may be a valuable adjunct. Of drugs nothing beyond the systematic use of purgatives, to keep the bowels acting freely, will be needed except for the treatment of special symptoms as they arise. Dr. Barrs has no great faith in the so-called vicarious action of organs, and he believes that the proper way out of the body for urea is the kidneys, and neither the intestines nor the skin can be made to take its place efficiently. Diuretics such as digitalis are frequently of the greatest use, but they almost as frequently fail. Diaphoretic drugs, such as pilocarpine, are sometimes unpleasant and even dangerous in their effects, the hot bath and the hot air bath being depended upon to do all that can be done. Vaso-dilators have little if any diuretic action, but may relieve dyspnea, headache and vomiting. Bleeding, purgation and sweating are employed for the relief of nervous and respiratory disturbances. Morphine and opium should not be used as a rule, but not infrequently the former alone will relieve distressing and painful respiratory and mental disturbances.

The views thus briefly summarized are, as will have been seen, not in accord with current opinion; but without agreeing with them we must at least give them respectful consideration, emanating as they do from a most responsible source. A discussion in detail would carry us too far and, besides, seems unnecessary. In all scientific controversy, however, the motto "*Audi alteram partem*" is a good one to adopt.—Editorial in Medical Record.

VENEREAL DISEASE IN NEW YORK.

Toward the close of February the Medical Society of the county of New York passed a resolution empowering its president to appoint a committee "for the study of the most practical kind of municipal or State legislation to repress or control prostration, with a view of reducing the morbidity and mortality from venereal diseases." The committee appointed under this resolution consists of Dr. Prince A. Mor-

row, chairman; Dr. Ludwig Weiss, secretary; Dr. George B. Fowler, ex-officio member as president of the society; Dr. Charles W. Allen, Dr. L. D. Bulkley, Dr. Henry Dwight Chapin, Dr. Edward D. Fisher and Dr. S. Adolph Knopf. A committee composed of such men as these is eminently fitted to collate exact information regarding the degree to which venereal diseases are at present rife in New York, the channels through which they are chiefly spread, their effects in more or less permanently crippling such of their victims as they do not in the end really kill, and in short everything capable of enabling legislative bodies to grasp the subject in all its hideous portent to the community. Such information, coming authoritatively from the practising physicians and the hospitals, dispensaries, and clinics of the town, stated so intelligibly as the committee may be trusted to state it, with analyses and deductions, is the essential primary step in the task of giving the legislator a clear comprehension of the magnitude and gravity of the problem which the committee has set itself to work to study. For the purpose of collecting as great a mass of facts as possible, the committee has sent a circular of inquiry to every physician in the city and is making a personal canvass of the various institutions in which venereal diseases are treated.

In the committee's circular the physician is asked to state the number of cases of venereal disease that occurred in his private practice during the past year, specifying the number of cases of gonorrhoea and the number of cases of syphilis. In regard to gonorrhoea, the committee is striving to obtain as full returns as practicable concerning the following points: The number of cases occurring respectively in men, in women, and in children, the number of cases leading to pelvic sequelae in women, and the number of cases of gonorrhoeal ophthalmia and of vulvovaginal inflammation in children. Concerning syphilis, it asks for the number of cases occurring in men, in women, and in children respectively, and, in the matter of syphilitic children, the ratio of the acquired to the hereditary cases. The circular also calls for reports as to the origin of the infection, whether from public prostitutes, from clandestine prostitutes, in marital relations, by heredity, by extragenital access, or from an unknown source. The fullest possible information is asked for as to the prevalence of syphilis in married life, and venereal diseases occurring in children. Finally, these general questions are asked: "Judging from the results of your observation, are venereal diseases on the increase in this city?" and "What measures, in your opinion, are best adapted to limit or prevent the dissemination of venereal diseases in this city?"

Though it would be easy to mention some other points concerning

which the committee might legitimately ask for data, it will be seen that those which they have chosen are of great practical significance and probably in themselves sufficient to procure an array of facts quite adequate as a foundation for a picture that will prove startling to the community. We are glad to know that the committee's inquiries are eliciting prompt responses in great numbers; we learn that within the ten days following the issue of the circular 800 replies were received. There ought to be no exceptions; every physician to whom the inquiry is addressed ought to send his answer at once, and make it full and explicit, and he ought also, and above all, to respond to the two final questions only after careful thought.—New York Medical Journal.

TO AVOID PRICKLY HEAT.

Major R. R. H. Moore, R. A. M. C. (Journal of Tropical Medicine, May 1st), says that, having begun to use cocoanut oil gently rubbed into the skin to allay the irritation of prickly heat, and finding it both pleasant and inoffensive, he was encouraged by a paper by Mr. Frederick Pearse (see abstract in Medical Journal, July 20, 1899, p. 173) to use the oil more extensively and to abandon the use of soap in the bath. Since then he has been able to keep free from prickly heat, though living in steamy climate of Lower Bengal. He has also obtained a number of converts to this treatment, many of whom speak of it most enthusiastically.

There is, however, a strong prejudice against renouncing such a national institution as soap, and a still stronger one against adopting what many are pleased to term the filthy native habit of anointing one's skin with oil. Like other prejudices, these are without reasonable foundation.

It is quite possible to clean oneself in the bath without the assistance of soap, for "soap is only required when bathing is neglected." At first when soap is given up the pleasure and satisfaction of the bath is somewhat diminished, the hand no longer glides smoothly over the body in a creamy lather, it sticks unpleasantly, the contact is distasteful and the epidermis peels off visibly. This discomfort is only temporary; after a time the skin becomes firm and glossy, and the hand glides over it as before, with the difference that the smoothness is now the smoothness of a firm, healthy skin, not the meretricious smoothness of an injurious compound the antecedents of which are doubtful.

Major Moore has not tried the mixture of lanoline and almond oil recommended by Mr. Pearse, for he finds cocoanut oil a clean, non-greasy oil specially adapted for the skin. Fresh cocoanut oil has only a faint smell; when rubbed into the skin this disappears almost, if not

quite, entirely, though, if kept too long, the oil turns rancid, and stinks abominably. The fear of spoiling the clothes is also groundless; the skin absorbs the oil. It is not like oiling a piece of metal; after two or three minutes' gentle rubbing the oil disappears.

The best time to put it on is before going out for the evening's exercises; strip, pour a little of the oil into the palm of the hand, and rub it over the body from the neck to the ankles, and get your servant to rub the back. It is not advisable to use sponge or rags, which are not easily cleansed and so become offensive. When done, rinse your hands in plain water and dry. If necessary, they can then be washed with soap.

When you come in to dress for dinner, take a bath using no soap. This is the time when you will appreciate the benefits of the oil. You find you can dry yourself perfectly; the skin is not, as is usually the case in steamy climates, sodden and clammy, it is, on the contrary, firm and glossy; you can pass your hand over it with a sense of pleasure, you have also a pleasant sense of coolness, and you can proceed to dress without breaking out into fresh perspiration. There is no reason why the oil should not be used twice a day if necessary; about a tablespoonful each time.

Major Moore does not think that the application of the oil interferes with the activity of the sweat glands. He is not sensible of any diminution of perspiration, but takes exercise as freely as ever. He agrees with Mr. Pearse that the excessive activity of the sweat glands is not the direct cause of prickly heat. He believes it to be an irritation of the skin produced by the constant bath of perspiration in which the body is kept in hot, muggy climates. This brings it into line with intertrigo and the so-called "flannel rash," eruptions caused by irritating secretions from the body.

Its distribution he holds to be largely accidental, influenced to a great extent by clothes, their nature, amount, and manner of being worn; and also by the obesity of the individual. The places it selects are those where perspiration tends most to collect.

The skin is naturally intolerant of prolonged exposure to moisture, Nature's protective greasy coat offers but a feeble resistance, and in steamy climates it rapidly becomes sodden. The evil is increased by removing the greasy coat by the use of soap, and keeping up a constant vapor bath by means of flannels. The result might readily be anticipated.

In climates where the diurnal ranges of temperature are great, flannels no doubt are useful, but in Lower Bengal in the rains, when the temperature varies but little and the atmosphere is saturated with

moisture so that evaporation is reduced to a minimum, they do more harm than good. The cholera belt is a sure producer of prickly heat under these conditions.

Major Moore then considers that the rational treatment of prickly heat lies (1) in preserving Nature's protective coat by abandoning the use of soap, and (2), in reinforcing it when necessary by some lubricant.—New York Medical Journal.

CHARLES DICKENS ON PUBLIC EXECUTIONS.

I believe said Dickens that a sight so inconceivably awful as the wickedness and levity of the immense crowd collected at an execution could be imagined by no man, and could be presented in no heathen land under the sun. The horrors of the gibbet, and of the crime which brought the wretched murderers to it, faded in my mind before the atrocious bearing, looks, and language of the assembled spectators. When I came upon the scene at midnight, the shrillness of the cries and the howls that were raised from time to time, denoting that they came from a concourse of boys and girls already assembled in the best places, made my blood run cold. As the night went on, screeching, and laughing, and yelling in strong chorus of parodies on Negro melodies, with substitutions of "Mrs. Manning for Susannah," and the like were added to these. When the day dawned, thieves, prostitutes, ruffians and vagabonds of every kind flocked on to the ground, with every variety of offensive and foul behaviour. Fighting, faintings, whistlings, imitations of Punch, brutal jokes, tumultuous demonstrations of indecent delight, when swooning women were dragged out of the crowd by the police with their dresses disordered, gave a new zest to the general entertainment. When the sun rose brightly—as it did—it gilded thousands upon thousands of upturned faces, so inexpressibly odious in their brutal mirth or callousness, that a man had cause to feel ashamed of the shape he wore, and to shrink from himself, as fashioned in the image of the devil. When the two miserable creatures who attracted all this ghastly sight about them were turned quivering into the air, there was no more emotion, no more pity, no more thought that two immortal souls had gone to judgment, no more restraint in any of the previous obscenities, than if the name of Christ had never been heard in this world, and there were no belief among men but that they perished like beasts. I have seen, habitually, some of the worst sources of general contamination and corruption in this country, and I think there are not many phases of London life that could surprise me. I am solemnly convinced that nothing that ingenuity could devise to be done in this city, in the same compass of time, could work such ruin

as one public execution, and I stand astounded and appalled by the wickedness it exhibits. I do not believe that any community can prosper where such a scene of horror and demoralization as was enacted this morning outside Horsemonger-lane Gaol is presented at the very doors of good citizens, and is passed by, unknown or forgotten.—Indian Lancet.

THE INFLUENCE OF SMOKING IN THE CAUSATION OF EPITHELIOMA OF THE TONGUE.

The question of the influence of smoking in the production of epithelioma of the lip has often been raised and there is a general belief among surgeons that the use of tobacco is an important factor. Carcinoma of the tongue is fortunately a much rarer disease and the influence of smoking in its production has not been as frequently considered. In his latest edition of "Diseases of the Tongue," Henry T. Butlin states that he feels justified in speaking much more strongly on this subject than he ventured to do some years ago at the time of the appearance of the former edition of his work. He believes that smoking is a decided factor in the causation of cancer, not so much directly as indirectly, rather by producing or tending to produce those conditions of the surface of the tongue which predispose to carcinoma than by immediately leading to the development of carcinoma in such tongues. He states that he does not rely so much upon the statistics in support of this view as his personal experience with individuals suffering with precancerous conditions of the tongue and actual carcinoma. Thus Whitehead found only 61 smokers among 104 persons suffering from carcinoma of the tongue, which seems almost a small proportion, but the common history which we receive of much smoking, the great frequency with which carcinoma of the tongue is preceded by chronic inflammation of the surface of the tongue which has occurred in smokers and has been maintained by smoking and the greater liability of males to the disease than females, leads to this view. Further confirmation of this belief is found in the fact that up to the present century little attention was paid to the diseases of the tongue. The introduction of tobacco into Europe at the end of the Middle Ages is thought to have had a great influence in the production of this increase.

Whatever influence tobacco may have in the production of carcinoma of the lip or tongue, it is exceedingly improbable that this fact will have much influence in preventing the habit of smoking. But as Butlin suggests it is probably more the irritation than any specific injurious quality in the tobacco itself. Hence smokers who would be wise should avoid the use of the stronger grades of tobacco, those forms of

tobacco which to give aroma are mixed with various chemical and other substances which may be irritating, and the use of short stemmed pipes, and they should discontinue smoking the stubs of their cigars and cigarettes until they burn the lips and tongue. Those who have sufficient belief in the influence of tobacco as a specific factor in producing carcinoma can hardly have any other resort than to discontinue the habit.—American Medicine.

THE PSYCHOLOGY OF THE CONSUMPTIVE.

"The effect of bodily disease on the mind," says the editor of the British Medical Journal, "is a comparatively unexplored region of psychology. We, indeed, believe in a general way that long-continued severe pain may derange the reason; that cutaneous irritation may give rise to a kind of frenzy; that gout engenders an almost savage irascibility; that dyspepsia obfuscates the intellect and engenders spiritual gloom; that a disordered liver breeds melancholy; that a loaded colon disables the judgment; that fissures or fistula of the anus causes a peculiar irritability of temper. These facts suggest that every organic lesion, and, indeed, every pathologic condition, may reflect itself in a corresponding mental disturbance, so as to supply a scientific basis for the charitable maxim, 'Tout comprendre c'est tout pardonner.'"

An interesting contribution to this field of clinical research has been made by Dr Maurice Letulle, who in a recent number of the Archives Generales de Medecine gives the result of an investigation which he has lately carried out as to the psychology of tuberculosis. Mental energy, he says, and possibly a hyperexcitability characterize the early stages, but when ulceration begins there is lassitude and intellectual neurasthenia. M. Letulle thinks that in the last stages of illness there is none of the illusion as to recovery commonly supposed, except in medical men, who strangely enough, he says, are full of hope. As a rule defects of soul are exaggerated, but "melancholy is the badge of all the tribe of consumptives"—melancholy and egoism. For all are said to be selfish and exacting, thoughtless of the rights and sacrifices of others, and even spiteful, and vindictive. The editor of the British Medical Journal holds that M. Letulle's view is entirely too gloomy, and we would even go farther and say it is untrue. It is not a question, partly, of race and of racial characteristics? According to M. Letulle's own expression psychic defects are exaggerated, not only in the tuberculous, but, as we think, in all diseases. When we are ill we indulge ourselves more than ever in the universal weakness of self-pity, and in chronic illness this indulgence is increased by the habit of being spared, of being waited upon, and coddled by everybody. Then, alas, it is a horrid thing to stare death in the face, to know that one's just chance at life has been denied, and all through no fault of one's self.

It is wonderful so many patients do preserve the kindness and sweetness of which all physicians know.—American Medicine.

PROSTATIC ABSCESS WHICH OPENED INTO BOTH URETHRA AND RECTUM.

In the *Annales de la Policlinique de Bordeaux* for March, 1901, Dr. E. Loumeau reports the case of a man of thirty-five, in whom gonorrhea or gleet was constant. For two weeks before consulting his physician, his symptoms had become aggravated. Though examination showed no sign of recent gonorrhea, permanganate injections were given. At the moment the liquid reached the bladder, the patient experienced sudden severe pain in the perineum, followed by chill and a temperature of 104° F. This perineal pain persisted with frequent urination, a few drops of blood appearing at the end of micturition. Pus was found in the urine in large quantity. The diagnosis of acute prostatitis with cystitis was made. Complete retention of urine occurred, to relieve which catheterization was employed, though so painful that chloroform was necessary. Rectal palpitation at this time revealed an abscess in the right lobe of the prostate, which was evacuated through the urethra by pressure with the finger. As this treatment yielded no good result, the abscess, which had pointed in the rectum, was opened there. The cavity was cleaned out, dried with gauze, and drained per rectum. The fever and pain disappeared. Pneumaturia was noticed for a few weeks, but no fecal matter was seen in the urine, or urine in the bowel movements. Two weeks after operation, right epididymitis occurred, going on to suppuration. This abscess was also opened and drained. The patient, who had wholly recovered, left for Brazil, where he died of yellow fever six months later. This phlegmonous prostatitis opened into the urethra, causing a cystitis and urethritis; by its pressure into the rectum, it caused great pain, and after evacuation it was still the cause of epididymitis. Loumeau believes that when such an abscess points into the rectum, rectal incision is to be preferred to perineal section.—*Philadelphia Medical Journal*.

CHATTANOOGA MEDICAL COLLEGE.

Chattanooga, Tenn., Jan. 4, 1901.

Dad Chemical Co., New York.

Gentlemen—We have made a chemical analysis of Dad's Quinine Pills, purchased in the open market.

Upon analysis find them free from any adulteration, containing only a readily soluble and exceptionally pure salt of Quinine.

Respectfully,

A. B. WOOLNER, PH. C.,

Prof. of Chemistry, Chattanooga Medical College.

Society Reports.

Jefferson County Medical Society, Stated Meeting, June 24, 1901.

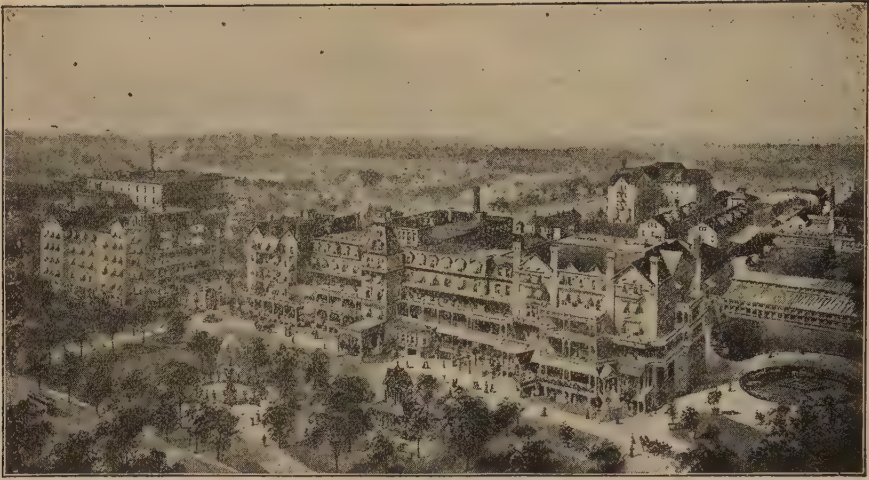
Dr. W. E. B. Davis, President, in the chair. For the present President Davis has varied the usual routine of the society proceedings by having a "Discussion" of some subject in which about three of the members lead with ten minute talks on special points of the question. The subject for this meeting was "Pelvic Inflammation" and Dr. Wyatt Heflin opened the discussion and dwelt largely upon the points of treatment. Pryor's operation, "Vaginal section," has revolutionized the work done in these cases. Thorough opening and drainage through the vagina gives great and permanent relief in a majority of these patients. Conservative ovarian operations are best performed by the abdominal route.

Dr. D. F. Talley said that the number of cases was really quite great. So many men have gonorrhea which does not receive the proper management, resulting in a chronic condition, and these men communicate gonorrhea to their innocent wives. Next to the gonococcus the streptococcus bears the most important role as an etiologic factor. The staphylococcus only infrequently causes trouble in these subjects. Streptosis occurs as a result of infection at term or abortion, either by careless use of unclean instruments or hands; also by instrumental infection at times of examination. Streptosis causes very acute and alarming symptoms. In diagnosing right side adnexal inflammation from appendicitis, the difficulties are sometimes very great, and a diagnosis may be impossible; but, practically, an operation is justifiable in either case. In treating pelvic inflammation the vaginal route should as a rule be used in pus cases. In packing gauze into the pus-cavity after Pryor's operation, care should be taken not to insert it too tightly, nor should the gauze be allowed to remain in place very long. Frequent hot vaginal douches are indicated and the opening should be kept patulous by means of some suitable instrument or the finger. In the general discussion:

Dr. W. E. B. Davis has followed the general rule of making a vaginal section in all cases where there was pelvic inflammation and he could feel "something" behind the uterus. Free drainage being established the cases usually recover much more rapidly than they do when no operation is performed.

Patients should be advised that they will probably only be "bridged over" the present attack and may have to be operated on by the abdominal route at a later time.

(Next issue will contain notes on the Discussion of Pneumonia, and Typhoid Fever).—E. A. J.



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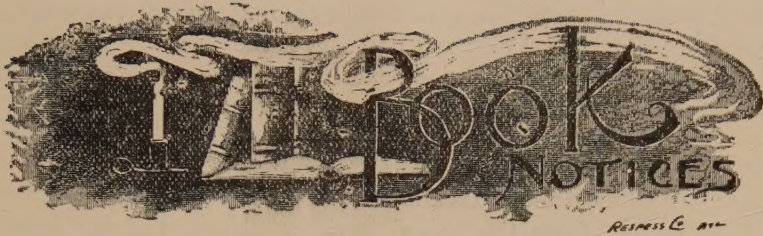
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SAUNDERS' MEDICAL HAND-ATLASES. Atlas and Epitome of Obstetric Diagnosis and Treatment. By Dr. O. Shaeffer, of Heidelberg. From the Second Revised German Edition. Edited by J. Clifton Edgar, M. D., Professor of Obstetrics and Clinical Midwifery, Cornell University Medical School. With 122 colored figures on fifty-six plates, thirty-eight illustrations, and 317 pages of text. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, \$3.00 net.

This book treats particularly of obstetric operations, and besides the wealth of beautiful lithographic illustrations, contains an extensive text of great value. The symptomatology and diagnosis are discussed with all necessary fullness, and the indications for treatment are definite and complete. In this new edition both text and illustrations have been subjected to a thorough revision. Most of the colored plates are new, and illustrate the modern improvements in technique as well as a vast amount of new clinical material.

EICHHORST'S PRACTICE OF MEDICINE. A Text-Book of the Practice of Medicine. By Dr. Herman Eichhorst, Professor of Special Pathology and Therapeutics and Director of the Medical Clinic in the University of Zurich. Translated and edited by Augustus A. Eshner, M. D., Professor of Clinical Medicine in the Philadelphia Polyclinic. Two octavo volumes of over 600 pages each; over 150 illustrations. Philadelphia and London: W. B. Saunders & Co., 1901. Price per set: Cloth, \$6.00 net.

The Germans lead the world in internal medicine, and among all German clinicians no name is more renowned than that of the author of this work. Dr. Eichhorst stands today among the most eminent authorities of the world, and his Text-Book of the Practice of Medicine is probably the most valuable work of its size on the subject.

The book is a new one, but on its publication it sprang into immediate popularity and is now one of the leading text-books in Germany.

It is practically a condensed edition of the author's great work on Special Pathology and Therapeutics, and it forms not only an ideal text-book for students, but a practical guide of unusual value to the practising physician. As the essential aim of the physician will always be the cure of disease, the fullest and most careful consideration has been given to treatment.

SAUNDERS' MEDICAL HAND-ATLASES. Atlas and Epitome of the Nervous System and Its Diseases. By Professor Dr. Chr. Jakob, of Erlangen. From the Second Revised German Edition. Edited by Edward D. Fisher, M. D., Professor of Diseases of the Nervous System, University and Bellevue Medical College, New York. With eighty-three plates and copious text. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, \$3.50 net.

In this Atlas the author has portrayed an instructive section of medicine which is usually extremely difficult of mastery by students and practitioners. This work will be of great value to the physician. The matter is divided into Anatomy, Pathology, and Description of Diseases of the Nervous System. The plates illustrate these divisions most completely. There is probably no work in existence in which so much is composed within so small a space. The book is comprehensive and practical.

SAUNDERS' MEDICAL HAND-ATLASES. Atlas and Epitome of Ophthalmoscopy and Ophthalmoscopic Diagnosis. By Prof. Dr. O. Haab, Director of the Eye Clinic in Zurich. From the Third Revised and Enlarged German Edition. Edited by Geo. E. De Schweinitz, Professor of Ophthalmology, Jefferson Medical College, Philadelphia. With 152 colored lithographic illustrations and eighty-five pages of text. Philadelphia and London: W. B. Saunders & Co., 1901. Price, \$3.00 net.

The great value of Prof. Haab's Atlas of Ophthalmoscopy and Ophthalmoscopic Diagnosis has been fully established and entirely justifies an English translation of his latest edition. Not only is the student made acquainted with carefully prepared ophthalmoscopic drawings done into well-executed lithographs of the most important fundus changes, but in many instances, plates of the microscopic lesions are added, the whole furnishes a manual of the greatest possible service, not only to the beginner in ophthalmic work, but to one who has already far advanced and desires to compare the observations of his own service with those of the rich clinic from which Prof. Haab has gathered his plates.

SAUNDERS' MEDICAL HAND-ATLASES. Atlas and Epitome of Labor and Operative Obstetrics. By Dr. O. Shaeffer, of Heidelberg. From the Fifth Revised German Edition. Edited by J. Clifton Edgar, M. D., Professor of Obstetrics and Clinical Midwifery, Cornell University Medical School. With fourteen lithographic plates, in colors, and 139 other illustrations. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, \$2.00 net.

There is no branch of medicine or surgery that is so difficult to demonstrate as that of midwifery; hence any positive aid, such as this Atlas furnishes, is to be hailed with satisfaction. The author has added to the multitude of obstetric subjects already shown by illustration, many accurate representations of manipulations and conditions never before clearly shown. As a guide in the perusal of text-books and as a volume of ready reference, this book will prove invaluable.

Summer complaints of infants and children claim particular attention just now and there is nothing so efficient as the Phillips' Milk of Magnesia in treating many conditions of this nature.

This preparation need only be mentioned to bring to mind its special value in correcting excessive acid conditions of the stomach and intestines, as shown in gastro-intestinal irritations, sour stomach, nausea, vomiting, diarrhoea, cholera infantum, constipation, intestinal dyspepsia and accompanying disturbances, etc. It is superior to lime water for addition to milk, particularly for bottle-fed babies.

Being a hydrate, Phillips' Milk of Magnesia has the characteristic affinity for acids common to hydrates, and is wholly unlike any other form or preparation of Magnesia, and the prescriber should emphasize that the patient is to have it and see that other products (mostly under the name "Liquid Magnesia") are not substituted, as these are likely to be harmful. It is free from any carbon dioxide and hence unlike alkaline carbonates, does not distend or produce concretions in the gastro-intestinal tract. It combines advantageously with vegetable cathartics, astringents, carminatives, etc., and is a reliable vehicle for Salicylates, Iodides, Bromides, Phenol, Creosote, etc., or drugs apt to induce gastric irritability. There are many indications for its use as an antacid and corrective in the alkaline treatment of gouty and rheumatic conditions, particularly in combination with the Salicylates.

For upward of half a century, it has been a professional sheet-anchor in all conditions—systematic or local—calling for a non-caustic, non-irritating Alkaline-Antiseptic.

G. E. Vladimiroff (Medicinskoie Obosrenie, February, 1901), fully corroborates the splendid results obtained by a number of Russian physicians from the use of compresses of soda in diverse suppurative processes. The use of this drug in such cases was first suggested by Georgiewski, who claimed for it the following advantages: 1. It is cheap and readily obtainable. 2. No drainage is required. 3. The patient is much more comfortable. 4. The pain, at times severe, accompanying the change of tampons is altogether avoided. 5. The bad odor and the unsightly appearance of the dressings are absent. 6. Recovery is much more rapid. The author employed this treatment in thirty cases. In six there were burns of the second and third degree; in two a pustular eruption; in one a suppurating fistula; in ten contused and incised wounds; in six suppurating lymphatic glands; in five ingrown toe nails. He employed the compresses in the following forms: 1. A layer of gauze saturated with a two per cent. solution of soda was applied. This was covered with a piece of oil cloth, cotton and a bandage. The compress was changed three to four times in twenty-four hours. 2. The gauze next to the body was not removed but kept saturated by pouring on it two to three times during the twenty-four hours a two per cent. solution of soda. 3. Several layers of gauze saturated in the soda solution were placed over the suppurating surface, these were covered by a thick layer of boric acid and camphor salve, then a piece of oil silk, cotton and bandage. Such a compress remained moist for one to two days. The results obtained were exceptionally good.—Philadelphia Medical Journal.

The subject of the case of plague at Ann Arbor was informally related by Doctor Vaughan, who expressed the belief that the disease would not spread from that case, because all precautions have been taken to prevent it. It was just such an accident as occurred in the laboratory at Vienna whereby two doctors lost their lives; but in this case the curative serum was promptly used, and the patient will recover. Preventive doses of the serum were injected into the doctors who have attended this patient, so it is believed that none of them will contract the plague. Dr. Vaughan came prepared with serum, to visit another city in Michigan from which a case of suspected bubonic plague had been reported to the State Board of Health, and which had caused alarm, but during the afternoon session a telephone message informed the board that the patient was so much better that it was no longer believed to be a case of that disease.—Michigan State Board of Health.